Lectures
ON
SYPHILITIC INOCULATION,
AND ITS
RELATIONS TO VACCINATION.

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LECTURE VII.

INOCULATION OF THE BLOOD OF SYPHILITIC PATIENTS.

In the last lecture, four very simple rules were given with reference to the mode of performing vaccination. These were—

1. That a clean lancet should be used.
2. That the lymph should be taken from the vaccinifer not later than the eighth day.
3. That lymph only should be so taken, and that it should be without admixture of blood or of other secretions.
4. That the lymph should be taken from a healthy subject.

These precautions are such as would naturally suggest themselves to every practical vaccinator. The third rule is, however, of much greater importance, as far as the transmission of syphilis is concerned, than any of the others. In all the instances which have been given in which vaccino-syphilitic inoculation occurred, some blood, or bloody fluid, was mixed with the vaccine lymph. As far, then, as our present evidence goes, if the third rule be accurately observed, the others, however important in other respects, are of little consequence so far as the actual transmission of syphilis is concerned. The pure vaccine lymph, it would appear, will produce only the vaccine disease, although that lymph be taken from a patient suffering from syphilis, or even from small-pox.

In this respect, the law laid down by Hunter seems to be confirmed—namely, that no two actions can go on in the same part at the same time. We have, indeed, abundant evidence, even from the cases that have been recorded in the present course of lectures, that different diseased actions may go on in close proximity to each other, or that they may succeed each other upon the same spot. Thus, after twofold syphilitic inoculation we may have a soft chancre first produced, and after the natural period of incubation, the indurated or infecting chancre may appear upon the very same place; or, under the same circumstances, we may have the superficial surface of a sore affected with the suppurative inflammation, while the deeper layer may be the seat of the specific adhesive action. These two morbid processes may go on at the same time, the one being the result of the local suppurating disease, the other of the infecting form of syphilis. Although these two diseases may be in such close proximity to each other that their secretions may be mixed together, yet it is probable, as Hunter has said, that the very same part cannot be affected with the two different morbid processes at the same time.

This subject has lately been illustrated in a very interesting manner by a case given in the *American Medical Times* for the 29th of March last.

A gentleman and his wife, with a daughter three years old, left their hotel in consequence of the appearance of the small-pox. They went to Detroit, and the child was vaccinated the day after with recent and active lymph. The formation of the vesicle progressed so naturally that it was supposed that the child's constitution was protected against the small-pox. At the request of an intimate friend of the family some lymph was taken from the vesicle on the daughter's arm, and inserted into the arm of another child. On the second day after this the small-pox appeared on the child originally vaccinated. All the parties concerned now became exceedingly anxious to know what the result of the vaccination would be on the second child. "To our great satisfaction," observes the vaccinator, "it proved to be only a benignant case of vaccine disease, which acted with ordinary mildness upon other persons."

In this case we have the vaccine vesicle matured amid the fermentation of the genuine variolous fever, and yet the product of that vesicle, when inoculated, produced the vaccine disease only. Now, as the syphilitic poison is certainly not more contagious than the poison of small-pox, we may conclude that, had the first patient been suffering under syphilis at the time that the vaccine vesicle was matured, and had the vaccine lymph only been taken from that vesicle and inoculated upon another patient, the vaccine disease alone would have been communicated.

The same author who relates the above-mentioned case also gives the following:—

"On a day that could be specified, an inmate of St. Mary's Hospital was exposed to the contagion of small-pox. Two days after this came to my knowledge he was vaccinated. The vaccine vesicle filled upon the tenth day. On the twelfth, when the small-pox eruption was pretty full out on the face, the vaccine vesicle was punctured, and the lymph which flowed was transferred to the arm of a healthy adult. The effects produced by this lymph were such as we ordinarily see when the matter used is taken from an adult of good constitution and in vigorous health. Others were vaccinated with the matter thus produced, in which cases there were no peculiar symptoms."

In like manner we may suppose, if a specific syphilitic pustule were formed upon a patient previously constitutionally syphilitic, and if the pus only were taken from such a pustule, and inoculated upon a person who never had had syphilis, that a specific pustule, followed by a local suppurating sore, alone would be produced; but if in such a case some blood from the syphilitic patient were to become mixed with the pus so taken, or if the secretion from some form of secondary disease were to be mixed with that of the specific pustule, then that a twofold inoculation might result. The communication of syphilis by means of the blood, and by means of the secretions of patients suffering from secondary forms of the disease, are subjects of so much interest that they demand a separate consideration.

Dr. Galligo, the talented and enlightened editor of the *Imparziale*, has published recently an account of some most interesting experiments, performed to illustrate the first of these points.

Professor Pelizzari, in 1860, inoculated two students of medicine with the blood of a patient affected with constitutional syphilis. The results of these experiments were negative. On the 6th of February, 1862, he again inoculated Drs. Bargioni, Rosi, and Passagli with the blood of a patient named A. T., aged twenty-five, affected with constitutional syphilis, and who had not as yet been subjected to any specific treatment. The blood in this case was drawn with a new lancet from the cephalic vein. The patient was suffering from numerous confluent mucous papules on the left labium, towards the inferior commissure, corresponding to the point at which the primary lesion had appeared. There was in this situation a mucous tubercle developed upon the indurated cicatrix of a primary sore; or else the indurated primary sore had become transformed into a mucous tubercle. Mucous tubercles surrounded the anus. The inguinal glands were indurated and enlarged. A confluent syphilitic eruption existed upon the body, and there was enlargement of the posterior cervical glands, and there were also pustules on the head. The blood was taken from the patient's arm, at a part where there was no sign whatever of any eruption. The arm of the patient was washed, and the surgeon washed his own hands. The bandage and vessel destined to receive the blood were new. As the blood was flowing from the cephalic vein, some of it was received on some lint, and this was placed on the upper part of Dr. Bargioni's left arm, where the epidermis had previously been removed and three transverse incisions made. This point corresponded with the insertion of the deltoid muscle. The same operation was performed upon Drs. Rosi and Passagli; but in the case of Dr. Rosi the blood was already cold when it was applied, and in the case of Dr. Rosi the blood had coagulated.

After the lapse of twenty-four hours, nothing was observed at the seat of the inoculation in Dr. Bargioni's arm upon removing the dressing, except a slight crust formed by the effused blood at the seat of puncture. At the same time the dressing was removed from the arms of the other two physicians, and nothing was seen worthy of observation. Four days afterwards every trace of the different inoculations had disappeared.

On the morning of the 3rd of March, Dr. Bargioni announced to Prof. Pelizzari that in the centre of the inoculated surface he had noticed a trifling elevation which produced a little itching. Prof. Pelizzari examined the arm, and found, at the point indicated, a small papule of a roundish form and of a dull-red colour. There was then no induration at the base of the papule, nor any enlargement of the corresponding axillary glands. To

prevent its being rubbed, it was covered with some dry charpie and diachylon. Prof. Pelizzari examined it daily. On the eighth day the papule had augmented to the size of a twenty-centime piece. On the eleventh day it was covered with a very thin adherent scale, resembling silver-paper, which, upon the two succeeding days, became denser and less adherent, and in its central part commenced to crack. On the fourteenth day two axillary glands became enlarged to the size of nuts, and were movable and indolent. The papule remained indolent, but its sensibility was slightly increased. On the 19th, pressure upon the crust caused a small amount of sero-purulent matter to exude from beneath its edges, the pressure giving a little pain. The axillary glands had now become larger and harder, but continued indolent. There was no induration apparent at the base of the papule. On the 21st the scale was transformed into a true crust, which had commenced to be detached at its edges; and the part beneath appeared ulcerating. Slight induration now appeared at the base. On the 22nd the crust was detached, and a funnel-shaped ulcer presented itself, with elastic and resistent borders, forming an annular induration. These edges were swollen, adherent, and obliquely inclined towards the base of the ulcer, which was covered with a very small amount of secretion. The pain was trifling. Dry charpie only was applied. On the 26th the ulcer had extended itself to the size of a fifty-centime piece. It secreted more, and the surrounding induration was considerably increased. Up to the 4th of April this ulcer remained stationary, but at that date its base appeared to be granulating. The corresponding glands remained swollen, hard, and indolent. There appeared at this date trifling nocturnal pains in the head, and the posterior cervical gland became somewhat enlarged. On April 12th there appeared upon the surface of the body, particularly upon the sides of the chest and in the hypochondriac regions, spots of irregular form and of rose colour, unattended by any inconvenience to the patient. The glandular swellings of the neck were well marked. This erythem extended itself, and became more confluent during the succeeding days. No constitutional disturbance, heat of skin, nor pruritus accompanied this eruption, which went on increasing for eight days. On the 20th the cervical glands had increased in size and were harder. The chancre maintained its specific character, and exhibited no tendency to cicatrization. On the 22nd the colour of the exanthem was decidedly coppery. Small lenticular papules were now perceived to be mixed with the erythema. The edges of the chancre had begun to granulate. Mercury was now commenced.

Dr. Galligo justly remarks that the case of Dr. Bargioni is more important than that recorded by Waller, not only on account of the greater precautions used, but because the blood in Waller's case was taken from a woman whose skin *was covered entirely with a syphilitic eruption*, whereas the blood *was drawn from a part of the integument free of any eruption in Bargioni's case.*

In Waller's case, the person inoculated suffered from *lupus exfoliations*—i. e., from a *cutaneous malady.* In the case of Dr. Bargioni, the blood was introduced into the system of a person *perfectly healthy.*

In Dr. Bargioni's case mention is made of the characteristic enlargement of the axillary glands; while in Waller's case no mention is made of any enlargement of inguinal or crural glands having accompanied the papule which followed the inoculation which afterwards ulcerated.

The inoculations of Waller did not take place upon a physician; those of Pelizzari were made upon five physicians, who could certainly observe the phenomena with a perfect cognizance of their cause: so that what was wanting in Waller's case (important as it was) has been fully supplied in that of Dr. Bargioni; and the fact must always remain incontestable, that the blood of a syphilitic person may be inoculated so as to produce syphilis in a healthy subject.

The facts and observations, derived from independent sources, which have now been given coincide in a remarkable manner with those recorded by Dr. Pacchiotti in that most interesting series of cases which he has observed at Rivalta. We can have, therefore, no hesitation in adopting his conclusions with regard to those cases:—

1. The malady observed in the children at Rivalta was certainly syphilis. This is proved not only by the syphilitic symptoms which were noted—not only by the results of the specific treatment employed—but also by the transmission of the disease from the children to the mothers.

2. It is certain that the syphilis was transmitted to the children through vaccination, because all the children manifested the disease at the same time. Although vaccinated in two series, the same phenomena appeared. The vaccine pustules were changed into syphilitic ulcers in the children who had previously enjoyed good health. It is impossible to believe that in the same country, at the same time, forty-six children should be born with hereditary syphilis from syphilitic parents, and the disease burst out in all of them at precisely the same period, although they were of different ages.

3. Forty-six children became syphilitic out of sixty-three who were vaccinated—i. e., more than two-thirds in a small village of two thousand souls. This is a very large proportion.

4. There is, perhaps, no example of so great a number of deaths either by want of proper treatment or from the violence of the disease. Here we have seven deaths out of forty-six infected children; and although, most unfortunately, there were no autopsies, still, from all that we have heard narrated, it seems probable that death happened either from syphilitic cachexy, or from some other disease arising therefrom.

5. It is important to note the number of mothers and nurses infected by syphilis—twenty-six among forty-six; and this number is equivalent to nearly the whole number of mothers suckling, if you take away those who did not suckle, those whose children died soon after the infection, and those who left off suckling before the vaccination. It is worthy of observation that the mother of Chiabrera, like all the other mothers, presented a train of syphilitic symptoms, beginning with two ulcers on the nipples, and followed by constitutional disease.

6. The contemporaneous existence of the two series of vaccinated and syphilitic individuals demonstrates that in the first as well as in the second series the vaccine pustules, on the tenth day of their evolution, were the means of transmitting syphilis as well as the vaccine disease. Here are two contemporaneous experiments which confirm each other, running their course in the same locality, under the same conditions, and at the same period.

7. It is worthy of note that the two vaccinifers (Chiabrera and Manzone) transmitted to the others the same disease each on the tenth day of the evolution of the vaccine pustules.

8. In this case we have been able to trace step by step the progress of the syphilis, transmitted constantly and without interruption from Chiabrera to the various children, from the children to their mothers, from the mothers to their husbands.

9. Syphilis communicated from the children to the mothers is a manifest proof that the mothers were healthy before this event—that is to say, were not syphilitic, and consequently could not have given the disease hereditarily to their children. No one can give that which he has not. The syphilis transmitted from five mothers to their husbands is a new and palpable confirmation of the same truth. It is almost a general rule that constitutional syphilis only infects once the same individual. It is therefore almost proved that these five fathers were previously healthy, and that their children were not syphilitic before the vaccination.

10. It is strange, but still must not escape remark, that syphilis was transmitted to one brother and two sisters of the children who were continually with them. These children were constantly eating and drinking together, and kissing each other; hence it appears that syphilis is transmissible by the mouth.

11. It is remarkable that the first manifestation of the disease almost constantly appeared in the form of the indurated syphilitic ulcer. This was seen clearly enough, first in the arms of those vaccinated; afterwards on the breasts of the mothers; subsequently on the genital organs of the husbands; lastly on the mouths of the two brothers, and on the forearm of the sister. It is the first time that anyone has so completely caught nature in the act of demonstrating, on so large a scale, her uniform mode of operation.

12. The contagiousness of the secondary symptoms of syphilis from the mouths of the children to the breasts of the mothers, from the genital organs of the mothers to those of the fathers, from the mouths of the children to the mouths of their brothers, is sufficiently demonstrated. We may now perceive how, by means of these different modes of transmission of secondary syphilis, various epidemics may arise, and we have the explanation of certain facts which of old seemed strange and impossible. Thus in Rivalta we had eighty patients affected with syphilis, including children, mothers, husbands, brothers, and sisters.

13. It is important to remember that it is averred that blood issued from the vesicles of Chiabrera during the act of vaccination, and that the lancet used was impregnated with blood during the operation.

14. Revaccination practised on five of the children seven

months afterwards did not give any result, although it was performed with the greatest care. It is thus a settled question that the vaccine pus and the syphilitic virus—two fixed contagions—were contemporaneously introduced into the organism of the infants, and produced their natural effects without interfering with each other. Everyone must see how important such facts are.

15. The dates of the development of syphilis are clear and manifest. Hence it may safely be affirmed that the vaccine pustules, terminating at the end of the third week, gave place to the syphilitic ulcers, which appeared after their natural period of incubation; and when these ulcers began to heal, then appeared the various forms of secondary syphilis which we have been describing. This was the period in which appeared the vesicular syphilitic eruptions which, bearing a resemblance to small-pox, spread alarm through the country and attracted the attention of the profession. Syphilitic ulceration of the arm, with enlargement of the axillary glands, were the first symptoms observed. The secondary forms of syphilis then appeared, and of these we found traces at the fourth month, and they lasted till the seventh month. In the mothers these two periods in the development of syphilis were particularly observed. After a shorter or longer incubation, the syphilitic ulcer appeared on the breasts, with accompanying enlargement of the axillary glands; then, after a second period of incubation, secondary syphilis in its various forms manifested itself.

16. In a comprehensive view of so many syphilitic patients, we see gathered together in a small district all the forms of the secondary disease, in every age, in all temperaments, in various constitutions, in the two sexes; upon the skin, upon the mucous membranes, in the lymphatic system, on the genital organs both in men and women, in the neighbourhood of the anus, on the lips, in the cavity of the mouth, in the nasal fossæ, and on the surface of the scalp. The disease was observed in all its stages: in its beginning, its increase, and its decline.

17. The syphilis at Rivalta had its origin in the vaccinifer Chiabrera, who contracted the syphilis, two or three months before vaccination, from the breast of a syphilitic woman, who infected at the same time another child—her nephew. This syphilis was transmitted by him to the rest by means of the said vaccination.

18. To the general rule there are some few exceptions, which ought also to be studied. In some syphilitic children the vaccine cicatrices did not present any irregularity. In one syphilitic mother there was no induration on the breast; and in some mothers there were ulcers on the breasts, although the children manifested nothing in the mouth.

19. The facts recorded at Rivalta are important with reference to a grave medico-legal question that has often been proposed to physicians—viz., whether syphilis can be transmitted from nurses to children at the breast, and from children to their nurses; and, in cases where both are infected, whether we can say who first had the disease—the mother, the child, or the nurse. Here, at Rivalta, the natural progress of the disease might be observed in its successive stages; and so many experiments were performed, so to speak, which afforded the evidence necessary for the solution of these difficult questions. In the same manner other medico-legal questions that have arisen concerning the transmissibility of syphilis from brothers, sisters, parents, or servants, receive great light from the details which have been recorded.

20. The occurrence at Rivalta has brought into prominent relief another very important question, and has indicated the advance in civilization of the Italian people. It is a question of very grave interest to the medical profession whether a medical man is legally responsible for the transmission of syphilis, if he has accidentally communicated the disease by having taken lymph from a syphilitic child. The Piedmontese physicians were unanimously of opinion that a medical man was not legally to blame under such circumstances, and the Italian Government endorsed their verdict. The Italian people may well be proud of this monument of civil progress, when the conclusion at which the Government arrived is compared with the proceedings which were taken in Bavaria, in 1853, against Dr. Hübner, who in a similar case was tried and condemned to prison.

21. But the circumstances now reported enforce upon the profession the greatest care in preventing the possibility of the recurrence of any similar accidents. When Governments insist upon the necessity of vaccination and revaccination, it surely is incumbent upon them to appoint duly qualified men to perform that duty, and to remunerate them in a manner which shall remove from the public mind even a suspicion of its not being properly performed.

OBSERVATIONS ON INJURIES OF THE HEAD.

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(*Concluded from p.* 486.)

BEFORE proceeding to the remaining cases which I propose to detail, I think it only right to enter a protest against the vagueness and unsatisfactory nature of the term "concussion;" and in doing so it may be well first to state briefly the symptoms denoting cerebral injury or disturbance commonly quoted as indicating *concussion*, and then I think I shall be able to show that these symptoms have not the special significance which is usually attached to them, inasmuch as they are common to compression as well as concussion, and inasmuch as they are similar in character to the phenomena presented in most instances where a serious injury is inflicted on any important organ or member of the body. These symptoms are, loss of consciousness and insensibility, coldness of the surface, contraction of the pupils, temporary embarrassment of the circulation, relaxation of the sphincters, and general loss of muscular power.

I assert that every one of these symptoms may be, and frequently is, met with, not only where there is compression of the brain, but also in cases where highly sensitive organs, as the stomach or the testicle, have received a violent blow. In compression the insensibility is, I grant, very marked; while in shock after accident it is but slight in some instances, and may soon pass off; but still it exists to a greater or less degree in both these forms of injury, and I think it would be very hard to form from the observation of cerebral symptoms alone an opinion as to what was the nature of the lesion any patient might have sustained. The condition of the pupils in concussion and compression is equally unreliable. In both they are sometimes found contracted, and in both states dilatation may be present. The skin may be cold in compression as well as in concussion, or its temperature may not be at all lowered. Is it not, then, safer to admit that there are no special symptoms indicating that concussion, and concussion *alone*, exists, than to attempt to define a certain set of symptoms and appearances as coincident with and dependent upon concussion, and another set as affording evidence of compression?* But if it be impossible to distinguish between concussion and compression by cerebral symptoms, to what are we to ascribe the loss of consciousness and other symptoms met with after blows and falls on the head, and from which the patient soon recovers? They are merely, I believe, the evidences of collapse or syncope which are common to all injuries to highly sensitive parts, and they afford no index of any distinct cerebral condition whatever. But if the patient speedily die after the receipt of an injury of the head, in which there is no appreciable lesion of the brain, must we not, then, set the case down as one of concussion? I still hold that we must not. If after a severe blow on the epigastrium, or a squeeze of the testis (of which we recently had an instance in this town), death may result from shock to the nervous system, is it not more reasonable to expect that a similar cause has operated fatally when the head, containing within itself the chief source of nervous force, is severely injured, than to imagine that a commotion or shaking of its substance—a thing almost impossible when we consider the various provisions of nature, as the tentorium, the falces, and the cerebro-spinal fluid for diminishing the shock of any blow—has taken place, and that from this death has resulted?† I believe

* Referring to the doubt and uncertainty which surround this subject, Mr. Pott says: "To distinguish between an extravasation and commotion by the symptoms only, is frequently a very difficult matter—sometimes an impossible one. The similarity of the effects in some cases, and the very small space of time which may intervene between the going off of the one and accession of the other render this a very nice exercise of the judgment. The first stunning or deprivation of sense, whether total or partial, may be from either, and no man can tell from which; but when these symptoms have been removed, or have spontaneously disappeared, if such patient is again oppressed with drowsiness or stupidity, or total or partial loss of sense, it then becomes most probable that the first complaints were from commotion, and that the latter are from extravasation; and the greater the distance of time between the two, the greater is the probability not only that an extravasation is the cause, but that the extravasation is of the limpid kind, made gradatim and within the brain." The case could not probably be more clearly stated, and from it some idea may be formed of the difficulties—indeed of the apparent impossibility—attending the formation of a correct diagnosis between concussion and compression.

† A proof of this will be afforded further on in this essay in a remarkable case of gun-shot fracture of the skull, where the tentorium and dura mater remained intact, although the petrous portion of the temporal bone was smashed.

that many of the cases of concussion which are on record, where there is no account of any cerebral lesion, have died in this way from shock or collapse.

From these considerations the question then arises, Is there no such condition as concussion? Yes, there is; but I maintain that it is dependent upon, and is evidenced by, a distinct (though perhaps minute) lesion of the brain-substance; and I believe that by diligent search we may, in every case in which concussion is said to have proved fatal, discover some evidence of its existence. That a strict pathological examination has not generally been made is shown by the able analysis of these cases given by Mr. Prescott Hewett in his excellent essay on the subject of Injuries of the Head (in Holme's "System of Surgery")—the value of which can scarcely, I think, be overrated. On the other hand, cases are on record in which, at post-mortem examinations, cicatrices showing the site of previous injuries of the brain have been found, where the history of concussion had been clear and undoubted. The extravasations in these fatal cases of concussion may be minute, or the laceration slight; but I believe their traces may always be found, whether they prove fatal immediately, or whether the patient recovers, with perhaps a temporary giddiness and confusion or imperfection of the ideas, and subsequently succumbs to some other malady.

Believing, then, as I do, that after severe injuries of the head which produce faintness, coldness, and temporary insensibility, it is nearly certain (if they be not clearly owing to shock and syncope) that some corresponding lesion of the brain exists, I am not surprised at the confusion of the symptoms, and at my inability to pronounce decidedly, at first sight, whether the case be one of concussion or of compression. As in the slightest cases of concussion there is probably some pressure (however slight that pressure may be) upon the cerebral substance, I see no difficulty in accounting for the uncertain character (both as to amount and duration) of the insensibility, for the variable condition of the pupils and of the sphincters, and for the presence or absence of convulsions. Are we, then, to give up attempting to form a diagnosis? Certainly not. But in coming to a conclusion as to the nature of any case, I think that time is necessary for the accurate solution of the question: concussion, or compression. They are *not distinct conditions*, recognizable by a different series of phenomena; they are merely varieties in degree or extent of lesion; and therefore we must wait before forming an opinion in our own minds as to the exact pathological condition produced by the injury, and still more is it necessary for us to hesitate before hazarding a statement to the patient's friends as to whether he is merely suffering from a comparatively trifling or a very grave injury to the brain. Further, by waiting for a time we are able to determine if the symptoms are those of syncope or shock: if they speedily pass off and leave no confusion of intellect or mental disturbance, they are doubtless due to shock alone, and not to any distinct cerebral lesion; while if the symptoms become aggravated and the insensibility becomes more complete, we may, on the other hand, conclude that they are those of concussion; and of its extent and danger we can only judge by noticing whether the symptoms merge into those of compression, as evidenced by the patient becoming comatose and paralysed,—or whether they pass off, leaving only some slight evidence of cerebral disturbance.

Summing up the whole matter, I have come to the conviction that,—

1st. Concussion, as distinct from lesion of the brain, is an impossibility.

2nd. That, as a cause of death in injuries of the head, concussion may always be discovered by some exact pathological lesion.

3rd. That concussion is a condition, the cerebral symptoms of which, *per se*, cannot be clearly defined or accurately relied on for purposes of diagnosis.

4th. That the symptoms where the brain is injured are from the first those of compression; and that the symptoms ordinarily pictured as evidencing concussion are either simply those of syncope and shock to the nervous system, or else the results of a slight degree of compression of the cerebral substance.

Case of depression of the skull without fracture.—Joseph V——, aged five years, presented himself as an out-patient at the Queen's Hospital with a depression of the size of a shilling in the frontal bone, an inch and a half above the left orbit, and half an inch from the median line. The whole substance of the bone appeared to be driven in, but no fracture could be detected by a probe passed through a minute fistulous opening opposite the middle of the depression (from which issued a thin serous fluid), although the probe could be freely passed beneath the skin, and down to the pericranium, to the extent of half an inch in every direction. The injury was caused, six weeks ago, by a severe blow from a stone, which felled him to the ground, and rendered him insensible for five minutes. He then vomited, and soon afterwards his senses returned. Since that time, a slight discharge, at some times purulent, at others serous, h d flowed through the small opening before mentioned. Water-dressing was applied, and under its use the opening closed, but the depression continued to be as distinct as at the time of the accident.

I believe this to be one of those rare instances, occurring only in children, of depression of the skull without fracture. Though not quite so extensive, it resembles closely the case mentioned by Mr. Green, in which the bowl of a tablespoon could be laid in the depression in the cranium. Symptoms of shock or concussion followed the receipt of the injury, but no evidence of compression became manifest during the progress of the case. The depression may have been limited to the outer table of the skull; but as I did not see the case at the time of the accident, I am unable to speak of the exact amount of injury to the skull. Of the existence of the depression in the substance of the bone there could be no doubt. The depression was smooth, even, and regular, and there was no thickening, roughness, or elevation of the bone around it. That it was not one of those cases of cephalæmatoma, in which there is a simulated depression, with a sensation of a surrounding elevated margin of bone, I am quite confident.

Case of gunshot fracture of the skull, with partial destruction of the cerebellum.—James M——, aged forty-two, was admitted into the accident ward of the Queen's Hospital Dec. 19th, 1861, at ten minutes to one P.M. He was pale, cold, and insensible; his pupils were contracted, and did not respond to the influence of light. In the left ear, close to, but a little above, the entrance to the meatus auditorius, was a pistol-shot wound, just admitting the tip of the little finger, circular in form, with blackened and inverted edges, and evidently extending inwards for some distance into the interior of the cranium. Blood was flowing from the wound in considerable quantity, and enough had been lost to saturate his shirt. A puffy swelling, as of emphysema, was noticeable beneath the left ear, and behind the angle of the lower jaw on the same side. The left eyebrow, eyelashes, and the skin around the left ear were singed and blackened; and the cornea of the left eye was cut across, as though by a grain of gunpowder. There was a contused swelling beneath the right eye, which was stated to have been caused by his having fallen against an iron fender. The wound had been inflicted by an ordinary pocket-pistol, fired by his own son about two hours previously. There was no reliable evidence as to whether the pistol was or was not loaded with ball, but there was ample proof of its having been held close to the man's head. No foreign substance could be felt either by the finger or probe, but the temporal bone was evidently greatly injured, some fragments of it being quite loose and movable. Hot bottles were ordered to the feet, and cold applications to the head. He vomited some thick dark fluid containing blood, and also smelling strongly of beer, shortly after admission, and then slightly recovered consciousness. During the night he was lethargic and stupefied. When roused, he seemed to understand questions, but could hardly speak more than a word at a time, and then only in a very feeble tone of voice. His pulse was slow and laboured, ranging about 70; his breathing little if at all affected.—Ten A.M.: He complains of great pain in the head; is conscious of what is passing around, and is able to answer questions, though slowly and in a feeble tone of voice; can protrude his tongue when told to do so, and there is no version towards either side; no inequality of the pupils, and no abnormal appearance about the eyes; and though vision is totally lost with the left eye, he sees perfectly well with the right. No facial distortion; no symptoms of hemiplegia or paraplegia, and no formication, cramps, or pains in any of the limbs; no priapism; urine passed freely; no discharge either from the ear or the wound. He lies chiefly on the right side, and appears to move the right arm more than the left, but both with great uncertainty, the hand being waved about in the air for some seconds before it could be brought upwards and backwards to enable him to point to the back and left side of the head, where the pain was most acute. Pulse natural; respiration tranquil. He took a little wine and broth several times during the day, raising himself on his right side to enable him with greater ease and comfort to swallow anything that was offered him.

About five P.M. he became restless and irritable, and soon afterwards a convulsion came on, which lasted some minutes. This was followed by a return of consciousness; but soon an-

other convulsion came on, and after a considerable succession of them he died at about one o'clock the following morning. No coma or paralysis of the velum palati preceded death.

A post-mortem examination, at which I was assisted most ably by Mr. Wilders, the obliging house-surgeon, showed that the bullet entered close to the meatus of the left ear, had crossed the auditory canal, and then passing backwards and inwards through the petrous portion of the left temporal bone, had separated it from its attachments to the sphenoid and occipital bones, and had driven a fragment of its apex, an inch in length by one in breadth, backwards into the posterior fossa of the skull. The bullet, which was flattened and rendered very irregular in shape, together with two paper wads, was impacted among the broken pieces of the temporal bone. The carotid canal had been completely splintered and broken up, and the artery, as it passed through it to enter the skull, was blackened and contused; but its coats had withstood the violence of the injury (which had been sufficient to smash into small fragments the bone around it), and there was no extravasation either within or external to the skull. There were several spicula of bone sticking into the dura mater, which at these points was reddened and highly vascular. The other membranes were also injected over the base of the cerebellum. The outer and anterior half of the left lobe of the cerebellum, against which the in-driven petrous portion of the temporal bone impinged, was completely destroyed as far as the arbor vitæ cerebelli, some disintegrated *débris* in a diffluent state alone marking its previous site. The torn margin of the cerebellum was soft, yellowish-red, and slightly vascular. The tentorium and falx cerebelli were uninjured. No blood was extravasated within or around the injured cerebellum; but a recent clot, the size of a marble, was found within, and about half an inch from the under surface of, the posterior lobe of the left cerebral hemisphere, and the situation of it was immediately above the destroyed portion of the cerebellum, so that it would seem as though it had been produced by *contre-coup* through the tentorium at the same moment that the disintegration of the cerebellar structure took place. The rest of the cerebrum, and also the medulla oblongata and the upper portion of the spinal cord, were free from all trace of injury. The puffy swelling in the neck was due to the presence of air in the cellular tissue, which had found its way thither from the divided auditory canal.

I have not been able to discover any case in the records of surgery where there was, as in this instance, a pure and almost uncomplicated injury of the cerebellum, and, therefore, before reviewing it, I think it will be well to examine what are the special functions of the cerebellum, and then we shall see more definitely which of them were interfered with or abrogated in this case, and to what extent such interference took place.

Both physiology and pathology are requisite for this examination. Physiological experiments have proved that the cerebellum is *not essential* to life. Animals have lived after it has been entirely removed, and in this condition, though apparently still possessing sensation and voluntary power, their movements have become restless and irregular, and there have been palpable evidences of want of co-ordination in the actions of their muscles.

Magendie noticed that after a deep wound of the cerebellum animals had a tendency to move backwards. Subsequent experimenters have, however, looked upon this as an uncertain phenomenon. All, however, have remarked that there was a manifest loss of the faculty of combining muscular movements, but without marked impairment of the sensibility of the animal. Further, Flourens observed that if one lobe alone were affected, the want of co-ordination in muscular action was on the *opposite* side to that where the injury was inflicted.

But it is from the study of pathology that we have derived the most reliable data for coming to a conclusion as to the special functions of the cerebellum. The result of many post-mortem examinations of cases in which cerebellar disease had been suspected during life, has been to confirm the proposition which physiological experiments had given rise to—namely, that the cerebellum is essentially the seat of the muscular sense. The presence of disease in the cerebellum is invariably manifested by interference with the movements of the body, as by unsteadiness of gait, but is as invariably accompanied by diminution or impairment of the intellectual powers. The writings of Andral and Brown-Séquard contain a very ample account of these pathological observations.

In Andral's "Clinique Médicale" will be found an analysis of twelve cases of abscess, and thirteen of softening, of the cerebellum; and as these all more or less bear upon this case of injury to the cerebellum, I propose to give a brief abstract of them, so that a glance may suffice to show what points of analogy and of contrast are presented by them.

First as to the symptoms manifested in the twelve cases of abscess of the cerebellum.

1. *Intelligence* was not disturbed except sometimes towards the end,—the condition exactly witnessed in the case of James M——.

2. *Sensibility.* Nine cases had pain in the head, and one in the limbs. Pain in the head was a prominent symptom in James M——'s case.

3. *Power of motion* was intact in six of the cases, but there was paralysis in three. No paralysis was manifested in this case, but there was distinct impairment of muscular power in the upper extremities.

4. *Blindness* was only found in one case. It was in a person seen by Gall, in whom the two lobes of the cerebellum were in a state of suppuration. Loss of sight was complete in this man's (James M——'s) left eye, and it is worthy of notice that the paralysis was on the same side as the injury to the cerebellum—a third instance of exception to the law of the crossing influence of the hemispheres of the cerebellum being thereby afforded. The other two exceptional cases I had, perhaps, better refer to here. In one of them, quoted by Borsieri from Plancus, there was hemiplegia on the same side as an abscess of the cerebellum; and in the other, furnished by Rostan, there was paralysis of the *right* arm caused by the pressure of an exostosis springing from the right temporal bone, which had produced a depression and softening of the right lobe of the cerebellum, near the tuber annulare.

5. There were no particular phenomena noticed in connexion with the *genital organs*, nor were there in the case of James M——.

6. *Nausea and vomiting* were present in half the cases, but they are looked upon by the author as "mere complications;" they were certainly not present in this case.

I turn now to the symptoms presented in the thirteen cases of softening of the cerebellum recorded by Andral, and I find that—

1. *Intelligence* was but little affected in all—a further point of analogy between these cases and that of James M——.

2. In two cases *speech* was altered; in one mentioned by Monod it was embarrassed; and in one of Lallemand's it was lost. In James M—— the voice was much weaker than natural, and very few words could be distinctly articulated.

3. *Lesions of motion* were noticed in all the cases but one, and in that case it was probably obscured by the *coma* under which the patient laboured. This point is confirmed by James M——'s case.

4. In nine of the cases *paralysis* occurred in the form of hemiplegia, affecting the side opposite to that on which the softening was found; and in one, that of Rostan, which I have before alluded to, the paralysis was on the same side as the lesion. In the remaining three cases there was convulsive agitation of the limbs, but no paralysis, and this exactly coincides with the condition manifested in the case of Jas. M——. Facial palsy was noticed once, and strabismus once; nothing of this sort occurred in my case.

5. *Vision* is only stated to have been impaired in one instance; this was a case under Andral's own care, in which vision is said to have been weaker on the right side than on the left, which was accounted for by "a reddish softening of the left hemisphere of the cerebellum in its posterior and inferior half." A contrast is afforded by the case of James M——; in him amaurosis being decided on one side, and that too on the same side as the lesion of the cerebellum.

6. *Affection of the genitals* was only remarked in one case; this general absence of special phenomena of these organs agrees with what was witnessed in James M——'s case.

I think it needless to enter into an account of Dr. Brown-Séquard's cases, as they have only recently appeared in these pages. It only remains, then, to enumerate the special symptoms noticed in the case which I relate, and to call attention to one or two striking features presented to our notice in the pathological examination.

In the first place, symptoms of shock or concussion were very prominent at the time of the receipt of the injury, and continued for a considerable period after it. The return of sensibility was, as in most cases of concussion, preceded by free vomiting, though none recurred during the subsequent progress of the case. On recovery from the shock of the accident, there was found to be no paralysis of any of the extremities, nor did any come on; but marked uncertainty in all muscular movements was a prominent symptom. Intelligence returned, and persisted almost to the last. Violent pain in the back of

the head was complained of, but there was "an absence of the various kinds of involuntary movements (such as cramps, twitchings, jerking, trembling) which are prominent symptoms of inflammation of the cerebrum."* Nor was there any of that irrregularity in the rapidity and strength of the pulse which Dr. Brown Séquard also appropriately describes as the frequent characteristic of cerebral inflammatory softening. The genitals were unaffected. The respiration was not interfered with. There was no serous discharge from the ear; but deafness on the affected side, lowering of the voice with some difficulty in articulation, and also amaurosis, were well-marked symptoms. There was neither facial palsy nor squinting—no paraplegia, dysphagia, or anæsthesia of any part; and, lastly, though convulsions preceded death, there was an entire absence of coma and of its characteristic phenomena—impeded circulation and respiration, paralysis of the velum palati, and consequent blowing-out of the cheeks; and there was no relaxation of the sphincters.

The post-mortem examination displayed several points of interest. In the first place, the evidences of injury externally were but small, and afforded no adequate indication of the amount of mischief inflicted on the parts within the skull. The aperture of entrance of the bullet was rounded and regular, with an inverted margin, and barely admitted the tip of the little finger; but the work of destruction effected by the charge clearly commenced directly after it had entered the petrous portion of the temporal bone. And vast was the havoc there made: the temporal bone was splintered and broken up into so many fragments that the contour of the petrous portion, when looked at from above (the calvaria having been removed), could not be made out at all. In marked contrast to this extensive destruction of bone, was the localized nature of the injury to the cerebellum; the anterior part of the left lobe, which had received the shock of the apex of the petrous bone, alone affording evidence of the effects of the injury. The uninjured condition of the tentorium and falx cerebelli is a good proof of the strength and power of resistance existing in the dura mater, and further helps to account in some measure for the confinement of the lesion to one lobe of the cerebellum. The presence of a clot in the posterior lobe of the cerebrum at a point above the tentorium corresponding to the injured portion of the cerebellum lying immediately below that membrane, is another interesting circumstance. Doubtless the tentorium was able, in consequence of its elastic nature combined with its strength, to resist the impetus of the explosion, while the weak coats of the cerebral vessels were torn by the violence of the concussion, and hence the extravasation found in the posterior lobe. The last but not the least important feature of this pathological examination was presented in the condition of the carotid artery. The bony canal through which that vessel enters the skull was literally comminuted, and yet the artery escaped rupture; moreover, although the bullet, in its *trajet*, had even blackened and contused its walls, yet no destruction of them occurred at any part, and there was an entire absence of extravasation of blood both within and without the skull. The faculty possessed and so often manifested by arteries, of withstanding injuries which simultaneously smash bones and lacerate muscles, was well exemplified in this case.

Case of fracture of the nasal bone, proving fatal by hæmorrhage.—Charles C——, shoemaker, aged sixty, was drinking at a public-house about half-past ten P.M. on August 6th, 1855, when he received a blow on the nose from the waiter, who intended to have struck another man. Half a pint of blood was lost at the time, and then by the use of cold water the bleeding stopped, and he went home. At dinner time on the 8th inst., bleeding recurred to the extent of "two quarts;" cold again stopped it, and he went on well till the 10th, when another and violent hæmorrhage came on, which continued all night, and at eight A.M. on the 11th he was brought to the Queen's Hospital in a weak and anæmic state. Wine and ammonia were given him, and the anterior nares on the right side plugged with lint steeped in tincture of sesquichloride of iron. This stopped the bleeding until three A.M. the following morning, when it was necessary to plug both anterior nares with lint steeped in tincture of iron. No further bleeding took place till the 14th instant, when it came through the mouth with great rapidity. The posterior nares were then plugged on the right side, as well as the anterior. No more hæmorrhage took place that day; but on the following day a little occurred from the left nostril, but the application of ice soon arrested it, and no further loss of blood took place. He became, however, weaker every day, in spite of eggs, wine, and other stimulants. The plugs were removed with care, and after considerable difficulty, on the 25th inst. No improvement in his general condition took place, and he gradually sank, dying at three A.M. on August 28th.

The post mortem examination discovered the body in a greatly emaciated and anæmic state. All the viscera were blanched, but healthy. The fore part of the right nasal bone was fractured obliquely, so as to separate, but without marked tendency to depression, a piece of bone a quarter of an inch square. The mucous membrane was absent from the septum nasi and turbinated bones. There was no injury either to the skull or brain.

This case is remarkable from the fact of the persistence of the hæmorrhage. Styptics and plugging the nares were resorted to, but both were equally unavailing, and the man no doubt died exhausted from the repeated losses of blood. I do not, upon reviewing the history of the case, think that anything more could have been done for him; but had the posterior nares been plugged at the time of the injury the result might, perhaps, have been different.

Newhall-street, Birmingham, June, 1862.

* I quote Dr. Brown-Séquard's words, used in speaking of cases of cerebellar disease, in his admirable lectures in THE LANCET, as exactly applicable to this case.

ON
EMPYEMA FROM ABSCESS OF LUNG; THORACENTESIS.

By LEONARD W. SEDGWICK, M.D.

R. S——, aged fifty-eight, a medical man, had an attack of typhus fever in the spring of 1850. He was spare, not very strong, subject to indigestion, and had latterly been much harassed by his attendance on cases of fever. After three or four weeks' illness a bad cough came on, with scanty, difficult expectoration of slimy, reddish secretion, full of small air-bubbles; the cough was paroxysmal and suffocative. The lower and middle lobes of the right lung were quite consolidated; bronchial breathing was most notable. This state of things continued with more or less intensity for some ten days, when rigors, evening hectic, night-sweats, and great depression ensued. Coincidently there was to be heard about the centre of the hepatized lung a moist rhonchus, which gradually increased in extent and intensity, and at the same time the expectoration became more purulent, and by-and-by offensive and somewhat sanious. The pulse became very weak and feeble; no appetite. The stethoscopic signs became more notable; indications of a cavity presented themselves, and the breathing became amphoric whenever the expectoration had been so free as partly to empty the cavity. Then a bulging was perceptible between the sixth and seventh ribs, about their middle, and at the same time signs of fluid confined to the lower third of the chest were manifest; the upper line of fluid was not movable, and it rose much higher posteriorly than anteriorly. The cough was now most troublesome and spasmodic, and the expectoration positively filthy. I introduced a trocar, and removed more than a quart of the most stinking pus I ever smelt. When the fluid had ceased running, air in great abundance passed through the canula, and when the patient coughed the current was so strong that a candle, which happened to be near, was blown out. The next day all the symptoms were much relieved; steadily and gradually health was restored, and by September the patient was out of doors. Soon after this the opening, which had remained patent for between two or three months, closed, the cough left, and there were no signs of disorder save the falling in of that side, the approximation of the ribs, the dulness on percussion, and the presence of harsh tubular breathing for a considerable distance around the site of the opening. During the winter he resumed his professional duties, and was able to attend occasionally to night calls. In the early spring of 1851 he got cold; nothing of moment—a simple catarrh. But it left with him a cough, which, at first trivial, became by degrees more troublesome. He spat up with it at first mere bronchial mucus; after a while slight occasional streaks of blood would appear, and at intervals he could taste something of the old turnipy flavour. Soon general symptoms set in; he had slight rigors; became thinner; lost his inclination for food; perspired

at night, and he coughed up more and nastier stuff, muco purulent matter, and more of the latter than the former. The local signs were increased—dulness, large mucous rhonchus, and somewhat diminished vocal fremitus; these intensified as the general symptoms developed themselves. He took to his bed, and rapidly grew worse. When this state of things had continued for two or three weeks, an attack of angioleucitis made its appearance in the right leg, with very much œdema. In three days it subsided to a great extent, and the lymphatics of the left leg were subjected to the same diseased action. The patient now seemed rapidly sinking, and it behoved one, if possible, to do something for his relief. The solidification of the lung was clearly due mainly to fluid, and that fluid, pus; but from the previously injured condition of the organ it was impossible distinctly to pronounce where the solidity was from hepatization of the lung and where from pus. Under these circumstances, I pushed a very fine exploring trocar into the chest between the sixth and seventh ribs, and fortunately hit upon the pus, fetid and stinking as of old. I immediately withdrew the instrument, and introduced a larger one, and by means of it withdrew at least three pints of abominably putrid pus; air in abundance followed. Immediately a great change for the better was perceptible in the patient, and without any interruption he got well. The purulent discharge from the side became less and less; but warned by the result of the previous attack, I took measures to prevent the closing up of the track. A plug or nail of gutta percha, about an inch and a half long, the thickness of a small goose-quill, and with a flat head, was constantly worn, and secured in its position by a piece of sticking-plaster. This he removed every night and morning, and by straining he emptied the cavity, and so prevented any accumulation of pus. When the sac was emptied air could always be expelled from the opening. In the course of time the pus became thinner and smaller in quantity. Sometimes he did not remove it oftener than every two or three days, and frequently only about half a drachm of thin semi-purulent fluid would escape. He got up his strength and looks, and could go about without any inconvenience at an ordinary pace, but was short of breath when hurried. He resumed his duties as a country surgeon, attended an occasional midwifery case, and considered himself in fair health. He got over the ensuing winters very well, until October, 1856, when he began to fail in strength. He gradually lost his appetite, got thinner, had somewhat more cough, and much more discharge from the side. Slowly he got weaker and worse; the cavity, which seemed to have become a mere fistulous passage, giving no physical indication of its existence save a dull percussion note for an inch or two around the opening, got larger and larger, and in April, 1857, he died, at the age of sixty-five. There was no post-mortem examination.

Unusual as it is for empyema to depend upon the opening of a simple non-tubercular abscess into the pleural cavity, I do not think that any doubt can exist as to its occurrence in this case. The physical signs of pneumonia preceded by some time any indications of fluid, and were very notable. In the weak and enfeebled condition of the patient, it can easily be imagined that the infiltration of lung-tissue, possibly of typhous material, would easily pass into pus, and that a degeneration or ulceration of the lung, as shown by the fetid expectoration, should ensue. But the opening into the bronchial tube was not sufficiently large for the free exit of the pus, and at every cough the contents of the abscess would be forced nearer and nearer to the pleural surface, and at last through it. Perhaps before this had happened, some adhesion of the two pleural surfaces had taken place; certainly the pleural effusion was confined to the lower part of the chest. When it was evacuated the ribs fell in, and the cavity contracted and cicatrized; of course it would still retain its connexion with the bronchial tube. The next time he had catarrh, some of the bronchial secretion would remain in this blind tube, and could not be expectorated. Lying here exposed to the air, it would undergo putrefaction; would cause the offensive taste again; would, as is probable from the streaks of blood, induce ulceration, and so, by an easy transition, all the formidable events of the previous attack. After evacuating it the second time, I determined on preserving patent the fistulous opening, and the result was most satisfactory; comparatively good health was preserved for some years, and the patient in the end seemed to die of general decay of vital power rather than any local increase of disease.

Phthisis; pneumothorax; thoracentesis. — J. J——, aged twenty-four, an intemperate liver, had been phthisical for more than a year. He had a large cavity in the upper lobe of the left lung. There was much tubercular consolidation and small cavities in the right lung. Early in November, 1858, whilst in the last stage of phthisis, and apparently rapidly sinking, acute pain suddenly came on in the left chest. I found him almost collapsed, nearly pulseless, and racked with agonizing pain. There was a loud friction-sound in the lower half of the left side; in the upper part the percussion note was tympanitic; there was loud amphoric breathing and most distinct metallic tinkling. To my great surprise, he rallied from the severity of the symptoms, but every day he had rigors, and still some pain in the side; fluid began to accumulate in the pleura; the breathing became most difficult; the heart was pushed over to the right side; the upper part of the chest was tympanitic, but the space was diminishing daily; in short, the patient was sinking from suffocation.

In the hope of affording temporary relief, and making his death less painful, I performed thoracentesis, and removed a very large quantity of fetid pus; air in abundance followed the next day. For three weeks he steadily improved; the breathing was natural, the pulse slower, and it really seemed as if the patient would get well. Unfortunately, at this time much influenza was astir. His wife, amongst others, was attacked, and he followed immediately with similar symptoms—coryza, sneezing, increased cough,—and in a week he died. I can hardly dare to hope that, if this unfortunate complication had not supervened, my patient would have got well; but there was very much improvement after the operation, and much prospect of its continuance; anyhow, the case is interesting. Similar ones may occur again, and under more favourable circumstances it may be hoped that the very notable temporary improvement which occurred in my case might become permanent. At least, I had the satisfaction of relieving him from immense distress and pain—a not unworthy object. Is it fanciful to suggest that a time may come when we may successfully treat advanced cases of phthisis by establishing an external opening for the evacuation of the products?

Baker-street, Portman-square, June, 1862.

MADEIRA AND ITS CLIMATES;

WITH

METEOROLOGICAL OBSERVATIONS, 1861-62.

By G. H. BRANDT, M.D., Paris.

ALTHOUGH so much has been written and said about the island of Madeira and its climate by professional men of all countries, and by the thousands who have visited it for the benefit of their health, still, in our opinion, there are few who have appreciated to their full extent all its qualities, and fewer still who have availed themselves of all its advantages.

The most important feature of Madeira is that it possesses every kind of climate that invalids suffering from pulmonary diseases can require; this is chiefly owing to its peculiar geographical situation and formation. The fact of the greater portion of invalids residing in the centre of the town, where the climate is always the same, reminds us of those who believe in a panacea which is to cure all diseases. Can one single therapeutic agent (however good it may be) affect in the same way individuals from different countries, with different constitutions, temperaments, and idiosyncrasies? It is absurd to suppose so, and yet it is what is constantly done year after year by those who resort to Madeira.

The majestic amphitheatre of Funchal is naturally divided into three districts—east, central, and west; the south being formed by the bay, and the north by hills of different heights, varying between one hundred and two thousand feet, beyond which are mountains of much greater altitude. The east is the most sheltered part of Funchal, being protected from the north and north-east winds by the surrounding mountains. The centre, owing to numerous water-courses constantly running in every direction, and sometimes overflowing, constitutes the dampest district. The west is dry and warm. To convince us still more of the varieties of climate within a small range, we have only to glance at the particular vegetation in each of these districts, and we shall find that those vegetables which require a wet soil and damp atmosphere (such as the banana, inhame, loquat, &c.) thrive more luxuriantly in the central district. The western district produces the finest wine, owing to its particularly dry soil, and the perfect maturity at which the grape

arrives. The sugar-cane, which grows well in the other districts, ripens at an earlier period here; its watery parts are thrown out earlier, and it is sooner fit for making sugar.

As regards the effect of two climates on certain invalids, very striking instances have fallen under our observation—one in particular, which we had the opportunity of seeing last winter. The individual was of an extremely delicate constitution and of a nervous temperament, who resided during the early part of the winter in the central district. During that time the powers were prostrated; the functions of the liver and intestines were torpid, as also the circulation of the blood; no appetite, and no inclination for exercise; the daily operation of the toilet was almost too great an exertion; and although the temperature was high, still a sensation of cold was always felt. A change was absolutely necessary, and the invalid was recommended to go to the western district, at a higher elevation. The effect was almost instantaneous, for in the space of a fortnight the liver and intestines acted regularly, the appetite returned, exercise could be taken without any exertion, and although the temperature was five or six degrees lower, the sensation of cold was not felt; strength returned, and a new life began.

Observations of this kind might repeatedly be made if the invalid would go to the climate most suited to his case, and not, like so many a slave to fashion, choose situations most convenient for amusement and pleasure.

Great inconvenience is often experienced by that class of invalids who are accustomed to drug themselves at home, and think they can do so with impunity at Madeira, which, being a sub tropical climate, will not admit of such practice.

For invalids requiring a real change of climate, no place can boast of more suitable advantages than Madeira. The unrivalled equability of its temperature, and other almost indispensable necessities, such as the excellent quality of all aliments—the comfortable, clean, and home-like appearance of its habitations—the total absence of dust—the easy modes of conveyance (the hammock, palanquin, and easy chair for those who cannot enjoy the more difficult exercise of riding)—admirably meet the wants of the invalid. It has taken half a century to arrive at these results, and to form a population, many of whom speak our language, and almost all of whom understand it.

The beautiful chalybeate springs of Trapiche, in the environs of Funchal, are a most valuable acquisition in many cases. Another great boon in this hilly country is the new road, which is now all but completed, extending on a flat surface about four miles along the west coast to Camera de Lobos.

To complete all, we cannot omit mentioning the cordial attentions and friendly hospitality which the stranger finds at the door of every English resident. The charms of English society are to be found in Madeira, and few are those who leave the island without regret.

TABLE I.

MONTHS.	Barometer.	Thermometer.	Maximum.	Minimum.	Humidity.	Days of Rain.	Quantity of Rain.	Ozone.
October	29·663	67·82	74·66	62·78	—	3	1·653	—
November	29·978	65·12	70·84	59·36	76	13	7·283	4
December	29·876	61·70	67·10	56·12	77	14	5·512	6
January	29·991	60·62	66·20	55·40	77	11	6·260	5
February	29·670	60·08	65·48	54·32	75	13	11·387	6
March	29·740	62·24	68·00	55·58	76	12	4·134	6
April	29·833	62·96	68·72	55·58	69	6	2·07	—
Mean of all months...	29·821	62·93	68·64	57·02	75	72	38·316	5·6

TABLE II.

MONTHS.	Extreme maximum.	Extreme minimum.
October	77·00	58·30
November...	74·50	50·36
December	72·68	52·16
January	70·52	50·90
February	70·16	49·10
March	73·40	52·34
April	72·70	53·60
Mean	72·99	52·39

TABLE III.

MONTHS.	Greatest variation in 24 hours.	Smallest variation in 24 hours.	Greatest variation between 9 A.M. & 10 P.M.	Smallest variation between 9 A.M. & 10 P.M.
October	13·5	7·2	10·4	4·8
November...	14·0	4·5	13·5	2·0
December...	15·5	4·5	10·3	3·1
January	14·9	4·8	12·2	3·9
February	15·6	6·3	13·3	3·2
March	16·7	8·1	13·8	3·2
April	17·1	9·3	12·4	5·4
Mean	15·0	6·3	12·3	3·6

The highest temperature was ... ... 77·00 — October, 1861.
The lowest ,, ,, ... 49·10 — February, 1862.

The extreme range ... ... 27·90 — for the season.

These observations were taken from the 17th of Oct., 1861, to the 20th of April, 1862, inclusive. The observations of days and quantity of rain extend to the end of April.

Height of observation, 370 feet above the level of the sea; at central district.

The instruments were perfectly in accordance with each other, placed at a N.N.E. aspect, and protected from all radiation and reflected heat.

The barometer (Fortin's) was corrected for temperature and capillarity, but not for altitude.

Madeira, 1862.

N.B.—These observations having been taken at the central district, show a greater degree of rain and humidity than if they had been taken at any other district of Funchal.

THE CURE OF EPILEPSY IN FRANCE.—A witty writer in *L'Union Médicale*, M. Garnier, furnishes very interesting data respecting the amount of confidence which should be given to the establishment near Tain, where the disease is alleged to be cured by means of the "galium album." From the details given by the author, it appears that a great deal of trickery is practised, and that a good deal of money is made by the sale of the lozenges. Nothing is, however, more doubtful than the cures; and the value of the remedy may be judged by the fact that it was *officially* tried at Bicêtre, near Paris, upon eight picked cases, and signally failed.

HOME TEACHING FOR THE BLIND.—The annual meeting of the society for supplying home teachers and books in Moon's type to enable the blind to read the Scriptures was held on the 9th instant at Willis's-rooms, King-street. Mr. J. C. Colquhoun presided. The receipts had been £319 0s. 5d., and after meeting the necessary expenses a balance of £16 4s. 10d. remained in the hands of the treasurer. In this country it was said there was a blind population of 30,000, of whom 2000 had been reached by the agency of the society. In London there were 2300 blind persons, and the society had reached 700 of them.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et sectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Prooemium.

KING'S COLLEGE HOSPITAL.

STONE IN THE BLADDER, CRUSHED ON SEVERAL OCCASIONS; RECOVERY.

(Under the care of Mr. FERGUSSON.)

THE interest attached to the following case (the notes of which were taken by Mr. Chas. Moss) consists in the rapidity with which the stone was got rid of without suffering; whilst the noteworthy points in Mr. Smith's case were, the great age of the patient, and the circumstance that the last operation, which was conducted with much greater care than the previous one, was followed by most violent inflammation, which was, however, speedily checked by the exhibition of buchu.

Wm. C——, aged fifty three, was admitted on December 2nd, 1861, with a stone in the bladder. Resides in Nottinghamshire; a labouring farmer, florid, and healthy-looking. He stated that for the last four or five years he had suffered from pain of a lancinating character along the course of the lumbar sacral nerves; this at times was very severe. Up to December last, with the exception of this, he was perfectly well. About this time, however, he experienced some difficulty in passing his urine, and a more frequent desire to do so. The desire and difficulty both increased, and his urine became tinged with blood. He applied at once to a surgeon of that place, who gave him some medicine, which afforded relief for a time. Soon, however, the symptoms returned with increased vigour, and he consulted another surgeon. He then applied to a third surgeon, who (for the first time) sounded him, and told him he had stone, at the same time recommending him to consult Mr. Fergusson.

Dec. 7th.—The patient having been put under the influence of chloroform, Mr. Fergusson passed the lithotrite, and succeeded in seizing the stone and crushing it, after which he removed several pieces. They were composed of uric acid, and the stone itself appeared about the size of a chesnut.

During the following week the patient experienced no pain, and very little uneasiness about the urethra. The day after the operation his urine was slightly tinged with blood, and a few pieces of stone at the same time made their escape.

14th.—The patient was again taken into the theatre, and a few more pieces of stone removed.

He continued to do well, and on the 16th the urine was very slightly coloured with blood.

19th.—Operation repeated. Some more pieces of stone removed. Urine of natural colour; there is, however, a good deal of mucus mixed with it.

28th.—Operation repeated; but Mr. Fergusson did not succeed in removing any more fragments. He said, however, that there was another small piece, and would not allow the patient to leave the hospital.

Jan. 2nd.—Operation repeated, and a piece of stone about the size of a pea removed. His urine was of natural colour, and he was dismissed on the 4th, free from all pain.

STONE IN THE BLADDER OF A MAN EIGHTY-ONE YEARS OF AGE; LITHOTRITY; RECOVERY.

(Under the care of Mr. HENRY SMITH.)

We are indebted to Mr. Teale for the notes of the following case.

John V——, aged eighty-one, was admitted Sept. 16th, 1861, with stone in the bladder. Although this patient was so old, he looked much younger than he really was, and has had very good health until about three months previously, when he caught cold, and began to suffer from cough and shortness of breath. Much about the same time he experienced uneasiness in his bladder, and about two months ago he was suddenly seized with retention of urine, and applied to Mr. Smith at the Westminster General Dispensary, who on passing a catheter struck a stone. From this period the symptoms increased, and he suffered a great deal when he moved about, but was pretty comfortable when lying in bed.

On admission into the hospital he was carefully examined, and a large, rough stone was detected. The urethra was very sensitive, but the urine was clear and healthy.

As the urethra was so sensitive and the stone so large, lithotomy was indicated; but considering that the patient was so old, and that he was suffering from asthma, it was deemed most advisable to crush the stone. Accordingly, on Oct. 12th Mr. Smith introduced a lithotrite whilst the patient was under chloroform, and broke up the stone into several fragments.

Oct. 19th.—Very little irritation followed this operation. Several pieces of stone have come away, some of them of large size.

Nov. 29th.—Lithotrity has been performed on three several occasions since the first crushing, with the effect of producing very little irritation in the urinary organs; but each operation has resulted more or less in increasing the dyspnœa for a time. Numerous fragments of the stone, as well as sand, have come away.

Dec. 4th.—The lithotrite was again introduced to-day, and a fragment of considerable size was detected and thoroughly broken up.

16th.—The last operation has been followed by severe inflammation of the mucous membrane of the bladder, accompanied with great suffering, and large deposits of mucus and pus. These symptoms lasted for some days, and were hardly at all relieved by opiates internally and by the rectum, or by pareira brava. On the 14th, infusion of buchu was substituted for the pareira, and the effect of the medicine was remarkable. The symptoms all began to decline, the urine became perfectly clear, and in a few days the patient stated that he was quite free from any signs of stone. As so much irritation had been produced by the last operation, which had been conducted with the utmost care and gentleness, Mr. Smith did not think it prudent to introduce a sound into the bladder to ascertain whether any fragments of stone remained. The patient was dismissed Dec. 23rd, free from symptoms of stone, but still suffering a good deal from shortness of breathing.

UNIVERSITY COLLEGE HOSPITAL.

CLINICAL REMARKS ON A CASE OF OXALATE OF LIME CALCULUS OF SMALL SIZE, CRUSHED SUCCESSFULLY AT ONE SITTING.

(Under the care of Mr. HENRY THOMPSON.)

J. L——, aged twenty-three, had suffered from frequent and painful micturition for about four or five months, and was sent to Mr. Thompson for supposed stricture of the urethra. On inquiry, it appeared that the pain was most severe at the end of passing urine, and that there was a little blood occasionally seen in it, particularly after exercise. The urine showed a little pus and blood-globules under the microscope, and crystals of oxalate of lime deposit. Mr. Thompson sounded him, and, discovering a small calculus, admitted him for the purpose of crushing it.

March 19th.—He was brought into the operating theatre; no chloroform was administered, nor was any preliminary injection thrown into the bladder, the patient having been admonished to retain his urine previously for a period of one hour and a half. The lithotrite—an improved screw, with non-fenestrated blades—having been introduced, it was at once obvious, from the distended state of the bladder, that the injunction about micturition had not been complied with. Hence the small calculus was not to be found and seized; and, in reply to a question, the patient stated that he had misunderstood the directions, and had not passed urine for four hours. The lithotrite was at once withdrawn, and the patient sat up and voided his urine, diminishing the quantity in his bladder about one-half; no tinge of blood appeared. The lithotrite was again introduced, and the stone was now instantly seized and crushed by three or four applications of the instrument. The patient uttered no complaint, and wished to walk up to his ward, which was not permitted. Mr. Thompson expressed his opinion that the stone had been completely crushed, and that no further interference would be required.

The next day the patient was a little feverish, and passed

small detritus abundantly. This he continued to do during the next two or three days. He took his usual diet. All the symptoms of stone passed off within a week, and he walked about the ward as usual. A few days afterwards he was carefully sounded, but no fragment was discovered, and he was accordingly discharged on the 10th of April, having been detained only for the purpose of watching for any reappearance of symptoms. He has since come to the hospital amongst the out-patients to report himself perfectly well. The stone was oxalate of lime; the detritus was reduced almost to the form of powder, and was passed solely by the act of micturition, none having been removed either by the scoop or by washing out the bladder.

Mr. Thompson made the following clinical remarks on the above case:—"Here is an example of the importance of diagnosing early a case of calculus in the bladder. It is a point on which it is impossible to lay too much stress. The omission to detect a stone in the early stage of its formation permits what is really a slight and easily-managed affection to become a most grave and hazardous one. It involves the difference between passing a lithotrite into the bladder with but very little uneasiness or disturbance to the patient, and crushing at a single sitting, or perhaps two, the small concretion which has recently been formed, and the operation of lithotomy—an operation which, taking all ages together, involves a hazard to life at the rate of one death in from seven to ten cases. For these small stones there is no question about the absolute safety of lithotrity when performed with the proper precautions. And since every stone is at one period of its history a small one, and as in that stage it almost always occasions symptoms severe enough to direct the patient to medical aid, and characteristic enough to arouse grave suspicions of its presence, it ought almost always to be discovered and treated early. The patient with such a stone has undue frequency of micturition; it may be said, always. Pain is felt not usually before, but almost invariably at the close of the act of passing urine, when the small stone is left in contact with the mucous membrane of the neck of the bladder after the escape of the urine. Blood is generally seen in the urine at some time or another—always microscopically, if not to the naked eye; its appearance, as well as the intensity of all the symptoms, being increased by exercise, especially by any which communicates a jolt or concussion to the body. Pain at the end of the penis is frequently but not invariably present. If these symptoms appear and become persistent, and particularly if obvious cause for them is not present, the patient should be sounded with a small or short beaked sound, so that the beak can be turned downwards, and the whole of the floor of the bladder carefully explored. The bladder must not be distended with urine, as in no condition is it more unfavourably situated for the detection of a small stone or fragment—a point illustrated by the operation in the case related. Three or four ounces are usually sufficient to furnish a cavity, which can be rapidly and surely explored by means of a sound of the form described. In a large quantity of fluid the small stone may easily escape detection, being moved away, wide of the sound, by currents in the fluid itself, or it may even lie beyond reach of the instrument at the sides or at the bottom of the distended viscus."

ST. BARTHOLOMEW'S HOSPITAL.

UNUNITED FRACTURE OF LEG; ALL TREATMENT NUGATORY; AMPUTATION; RECOVERY.

(Under the care of Mr. HOLMES COOTE.)

ON Saturday, the 7th inst., Mr. Coote performed the operation of amputation of the left leg, a little below the middle of the limb, in a boy aged eight years, the subject of an ununited fracture of the tibia and fibula of between four and five years' standing.

The history of the case affords some points of interest. The bones of the leg at birth presented an irregularity, which induced the parents to imagine there had been intra uterine fracture. When of an age to walk, he was taken to the Orthopædic Hospital, and supplied with wooden splints with straps and buckles to prevent further curvature. In tightening the straps one day, the mother heard and felt something snap, and became convinced the bones were broken. Swelling ensued, and it was not until after some time that the surgeon then attending the child satisfied himself of the nature of the accident. The bones, however, did not unite. The mother tried every means in her power, taking the child from surgeon to surgeon at the various London hospitals. The bones continued apart; the limb, and particularly the lower portion, became cold, withered, and atrophied, and shorter than the opposite one as growth proceeded.

About two years ago the child was in St. Bartholomew's Hospital, under the care of Mr. Coote, who introduced ivory pegs into the tibia, above and below the seat of fracture, to excite reparative action. Some attempt at union appeared to have ensued; but in the course of the case febrile symptoms came on, the pegs dropped out in consequence of absorption of the "fangs," and the child left the hospital without any decided improvement.

Amputation was performed with a large scalpel and fine-toothed saw, all the tissues being light and degenerated. On examination of the limb, the bones were found reduced to a mere shell of osseous tissue containing fat; the muscles pale and wasted. Both tibia and fibula overlapped for a short extent. A transverse piece of bone had been thrown out in an abortive attempt at union. The only uniting structure was fibrous tissue.

In this case there was deficiency of nerve-power in the limb. With this complication, observed Mr. Coote, you invariably find combined the "fatty degeneration" of tissue so commonly described by writers on pathological anatomy. The boy is making a good recovery.

WESTMINSTER HOSPITAL.

FIBROID TUMOUR RECURRENT AFTER AMPUTATION AT THE SHOULDER-JOINT; REMOVAL; RECOVERY.

(Under the care of Mr. BARNARD HOLT.)

IN THE LANCET of July 13th, 1861, the case of a young woman, upon whom Mr. Holt successfully performed the operation of amputation at the shoulder-joint, was reported, and we carry the interesting history a stage further to-day. For the notes of the case we are indebted to Mr. Beadles, the house-surgeon of the hospital.

The history previous to the amputation was shortly this: that eight years before admission (when nine years old) a tumour appeared between the metacarpal bones of the right hand, which increased in size for three years, and was then removed. Mortification subsequently came on, and amputation was performed in the forearm; about five years after which a tumour a peared on the inner side of the elbow, which increased rapidly, and was apparently closely connected with the bone. For this she entered the Westminster Hospital in January, 186[illegible], and Mr. Holt amputated at the shoulder-joint on the 29th of that month. The patient made a perfect recovery, being discharged on the 8th March, with the wound entirely healed. The tumour proved to be a well-marked example of recurrent fibroid, and was found to be unconnected with either bone or periosteum.

The patient, who is a florid, healthy-looking young woman, continued perfectly well until the middle of April, 1862 (fifteen months after the amputation), when a tumour appeared in the axilla immediately beneath the cicatrix, and began to enlarge with great rapidity, the skin over it becoming red and being apparently on the point of giving way. The tumour gave rise to an aching pain, no doubt due to pressure upon the brachial nerves.

On the 13th of May Mr. Holt removed the tumour, together wi h the portion of skin involved with it. The growth was readily dissected out, without giving rise to any hæmorrhage; but there appeared to be a small portion more deeply situated, upon cutting into which it became evident that the artery was divided, the hæmorrhage being free for a moment, when it was controlled by pressure until it could be secured with a ligature. The edges of the wound were brought as nearly into apposition as possible, though there was necessarily only a scant supply of skin; and water-dressing was applied.

The tumour, which was as large as an orange but of irregular shape, presented much the same features as the former growth, except that the tissue was a little softer and the fibrous element not so strongly marked. The smaller portion last removed, though closely resembling the other in external appearance, proved to be only the matted and enlarged extremities of the nerves with a piece of artery in the centre.

After the operation the patient did not have a bad symptom. The wound healed partly by first intention and partly by granulation. She was discharged, to return to Hastings, on the 3rd of June. A little aching pain about the right breast was complained of, and she said she felt convinced that the growth would return.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 10TH.

DR. BABINGTON, PRESIDENT, IN THE CHAIR.

OBSERVATIONS ON OLD DISLOCATIONS, AND ON THEIR REDUCTION.

BY BERNARD E. BRODHURST, F.R.C.S.,

ASSISTANT-SURGEON TO THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

THE object of this communication was to show that dislocations might with great advantage be reduced at a much later period, now that chloroform is in use, than formerly; yet the author contended that this fact has in great measure been overlooked, and that the teaching of Sir Astley Cooper—namely, eight weeks for dislocations of the hip, and three months for those of the shoulder, was still all but universally observed. He referred to the obstacles to the reduction of old dislocations, and he then considered the means of overcoming them. He pointed out two great distinguishing features of old dislocations—namely, on the one hand, the recovery of motion and the formation of a new joint; and, on the other, a painful position of the head of the bone, together with a motionless condition of the limb: and he suggested that interference was to be deprecated when motion was being restored and the new joint was becoming perfect, but that reduction might at any time be attempted whilst the limb remained motionless and painful.

A case was related of a muscular man, fifty-three years of age, who, having dislocated the humerus beneath the pectoral muscle, came under the author's notice when the dislocation had existed nearly six months. The author reduced it on the 175th day. The reduction was most easy and immediate; there was no disposition for the bone again to become displaced, and the patient recovered almost the entire use of the limb.

In conclusion, it was observed that extension ought not to be employed primarily in the reduction of old dislocations, and the argument adduced was as follows:—

The adhesions around the head of the bone must always be ruptured prior to reduction. If they are ruptured by the use of the pulleys, so much force is required in extension, when the dislocation is old and the adhesions are tough, that there is danger of rupturing the muscles and breaking the neck of the bone; but if they are ruptured by to-and-fro movements the pulleys are unnecessary to replace the limb, traction and manipulation being sufficient for this purpose. The author summed-up thus:—

"With chloroform, no precise time can be set as a limit to the reduction of an old dislocation. When useful motion is being regained—when the new joint is being formed and pain has subsided, attempts at reduction may be deemed unjustifiable; but while the limb remains painful and motionless, the dislocation is reducible, and it ought to be reduced."

MR. POLLOCK said that Mr. Brodhurst had only adduced one case in support of his plan of treatment. It was not uncommon for dislocation of the shoulder-joint to be reduced under chloroform after an interval of five or six months. He (Mr. Pollock) related some cases in point. He thought that Mr. Brodhurst would modify his opinions with respect to the use of the pulleys in cases of old dislocation of the hip joint. When extension was made in the right direction, under chloroform, these dislocations were to be reduced with more facility by the pulleys than by any other means. He alluded to those cases in which the head of the thigh-bone was dislocated into the ischiatic notch. It was not necessary that pulleys should be used in cases of dislocation of the shoulder joint. He inquired if Mr. Brodhurst had had any experience in the reduction without pulleys of long-standing cases of hip-joint dislocation.

DR. WYNN WILLIAMS said it was his lot to practise for a good number of years in a neighbourhood where nearly all fractures and dislocations were treated by what were termed "bone-setters;" consequently he had had under his care numerous cases of unreduced dislocation. Now, if the teaching of the London schools was still such as stated by the author of the paper, he (Dr. Williams) could only say that practice had shot far ahead of teaching. He could answer for himself as well as for his brother practitioners practising in the vicinity of the Carnarvonshire and Merionethshire slate quarries, that since the introduction of chloroform they had followed no general law, but had attempted the reduction of old dislocations whenever there appeared to be any chance of success. He could call to mind two cases in his own practice which would fully bear out what he had stated. The first was that of a man who consulted him as to the possibility of reducing a dislocation of the elbow-joint of four months' standing. It had been caused by the man having fallen from a load of hay, his right forearm passing through the ripes of the cart and arresting his further descent. The bones of the forearm were driven backwards on to the humerus. He had been under the care of a bone-setter, who, instead of reducing the dislocation, placed and kept the arm in a perfectly straight position, so that it hung useless by the man's side. Dr. Williams found the joint immovable; indeed, it appeared as if union had taken place between the bones of the upper and forearm. He placed the man fully under the influence of chloroform, and applied extension by pulleys for some time, using considerable force, but without any effect. He then placed his knee in the elbow, and suddenly bent the forearm on the arm, and felt a distinct crack, as if a bone had broken. It was caused by the separation of the ulna from the humerus, a small portion of the former (a fragment of the olecranon) remaining attached to the humerus. After this reduction was not difficult, and the man acquired a very useful arm. The other case was that of a boy between eight and nine years of age, who, having fallen from a height with his legs separated, dislocated the left hip-joint. He had been attended by a bone-setter for about five months previous to being seen by him (Dr. Williams). He determined to attempt reduction, and went with his assistant on the following day to do so. After administering chloroform, he thought he would try to reduce the dislocation in the first instance without using the pulleys. To his surprise, he found no difficulty in doing so. The difficulty was to keep the bone in its place after it had got there, for the moment he ceased making extension out it went again. He, however, fixed it in position by means of a long splint and a pad. But several times in the course of treatment the little fellow would suddenly start during sleep, and out would go the head of the bone. He taught the boy's father how to reduce the dislocation and tighten the bandage, so that the bone was reduced almost immediately. After a few weeks some thick gutta percha was moulded so as to embrace completely both buttocks, the gutta percha being brought well round on either side. By this means he was enabled to keep the head of the bone firmly in position, and the last time he saw his patient he was gathering water-lilies out of one of the lakes.

MR. BRODHURST had had no experience in the reduction of dislocations of the hip-joint after a long period. He could not imagine, however, that pulleys would be more useful in this accident than in dislocations of the shoulder-joint. He had brought his case before the Society in consequence of great surgical authorities having stated that long-continued dislocations of the shoulder-joint were usually irremediable. In these cases, where there was some degree of motion and no pain, he had never been successful in reducing them. When, however, the joint was immovable and there was pain, there was no great difficulty in effecting a cure.

OBSTETRICAL SOCIETY OF LONDON.

JUNE 4TH, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

CASE OF A LARGE FIBROUS TUMOUR IMPEDING DELIVERY.

BY HENRY M. MADGE, M.D.

MRS. H——, aged twenty-seven, primipara, well-formed, in good health, and who had gone her full time, was taken with slight labour pains on the morning of May 21st. On making an examination in the after part of the day, I found the pelvis occupied by a large round tumour, which at first appeared to me to be the child's head. It seemed, however, to be lifting up, as it were, and pushing forwards the posterior wall of the vagina. It was low down, and came lower with every pain, and seemed to fill up every niche in the pelvis. The os uteri could not be found. Next day the tumour was occupying precisely the same position. The pains were still slight, and not frequent; the patient was in her usual health and spirits. With considerable difficulty, and by hooking my finger high up behind the symphysis pubis, I was enabled to reach the os uteri; it was directed forwards, dilated to about the size of a crown-piece, and, as well as I could make out, some part of the breech presented. (Dr. West, Mr. Spencer Wells, and Mr. Newton met me in consultation.) As some parts of the tumour felt soft

and yielding, a trocar was introduced, and a small portion of fluid drawn off. Vain attempts had been previously made to push the tumour above the brim of the pelvis. Chloroform having been administered, the opening in the tumour was enlarged. Mr. S. Wells was then enabled to push the tumour upwards, and by means of a blunt hook the buttock was brought down. The child when born had some faint signs of life, but could not be made to breathe. In the early part of the following day the patient seemed to be doing well. A few hours afterwards, by fits and starts, she became very excitable, and could not be persuaded to lie still. Peritonitis set in in the afternoon, and she died on the third day after confinement.

Autopsy, eighteen hours after death.—The peritoneum was universally inflamed, and here and there were large dark-red patches; there was but little effused lymph. Some of the small intestines—a good deal distended with gases—were slightly glued together. The tumour was lying above and in a line with the uterus, nearly reaching by its upper border the epigastrium. It was attached to the posterior aspect of the fundus uteri by a large pedicle, and had thus been allowed to drop into the pelvis at or before the commencement of labour. I removed the uterus and tumour together; the whole weighed four pounds, the tumour forming, perhaps, a third of the weight. Involution of the uterus had not proceeded to any extent. The length from the fundus to the os uteri was eight inches, and the width at the widest part of the body, seven inches and a half. The lining membrane was reserved for after examination. External surface studded with small fibrous tumours, the size of walnuts. No old adhesions about the broad ligaments, tubes, or ovaries. Diameter of large tumour, six inches and a half; it consists of fibro-cellular tissue, of a dusky-white colour, with irregular channels containing fluid, enclosed in a capsule of apparently uterine substance and fibres. The fibres of the capsule are so intimately blended with the white tendinous fibres of the interior, that enucleation would have been very difficult, if not impossible. (The preparation was accompanied by a drawing.)

Dr. TYLER SMITH observed that when fibrous tumours existed below the pelvic brim, the best method of treatment was to induce premature labour. He had once been called to a case similar to the present, in which, with a large fibrous tumour in the hollow of the sacrum, there were placenta prævia and arm presentation. Turning was performed with great difficulty, and the child slowly extracted. The tumour flattened out during the process, but the pressure caused inflammation and suppuration of its substance. The woman was for a time in great danger, but she ultimately became well, and the tumour had disappeared.

TWIN (?) ABORTION.

Mr. J. C. LANGMORE showed a twin abortion. One fœtus, apparently of between three and four months, which was flattened and had been dead some time, was expelled at the fourth catamenial period, after very slight pain, the placenta being retained and the hæmorrhage inconsiderable. After waiting three hours, he consulted Dr. Priestley, who removed the placenta; and on again introducing the finger into the uterus to remove the clots, brought away a second and perfect ovum of about four weeks; it was adherent near the fundus; its members were healthy, and the embryo as seen through the amnion was fresh and vascular. The whole circumstance seemed to raise a strong presumption in favour of superfœtation having occurred.

A discussion then took place respecting the question as to the existence of superfœtation in this case, Dr. Priestley believing it to be an instance of the kind, but an opposite opinion being expressed by Dr. Routh and Dr. Madge. Dr. Braxton Hicks also remarked on the presence of certain appearances militating against this view of the case. Finally, it was determined that a committee, consisting of Dr. Harley and Dr. Tanner, should be appointed to report on the specimen at the next meeting.

Dr. AVELING, of Sheffield, exhibited his

"POLYPTRITE,"

for crushing through the necks of uterine polypi. It consists of a hook, a slide, and a screw. In using the instrument, the hook alone is first passed over the neck of the polypus; the slide is then pushed up as far as it can be made to go by the hand; and then, by means of the screw, the operation is completed by forcing the blunt blade of the slide into the concavity of the hook and through the neck of the polypus. Dr. Aveling stated that he and others who had used the polyptrite had found its application easy, rapid, and safe, and in no instance had he heard of the slightest hæmorrhage having followed its employment. The present instrument (which may be had from Messrs. Weiss) he considered a great improvement on two other instruments of a similar kind which he had invented in 1849 and 1857.

ON A NEW DESCRIPTION OF NIPPLE SHIELD, AND ON THE TREATMENT OF SORE NIPPLES.

BY COOPER ROSE, M.D.

Frequently failing in the successful application of the various mechanical appliances to be found for the protection of sore nipples, the author had had some glass shields made by Messrs. Gilbertson, of Ludgate-hill, from a model which he (Dr. Rose) supplied, based upon the following principles:—1st. That the cylindrical portion should be long enough to ensure a space or vacuum between the end of the nipple when fully drawn out and the end of the shield. 2nd. That the diameter should be sufficiently large to render strangulation of the nipple impossible. 3rd. That the shield should be smooth and unyielding, so as to avoid friction. 4th. That it should be transparent, so that the flow of milk may be observed and the position of the nipple ascertained. 5th. That the substance used for the mouthpiece should as nearly as possible resemble the parent's nipple, so arranged that it cannot collapse and allow the child to suck-in air. All these indications were entirely fulfilled by the shields exhibited, and the author stated that he had not met with a single case in which they had failed to answer the purpose for which they were designed. The application of a saturated alcoholic solution of gum benzoin and glycerine in equal proportions in all stages and in every variety of chapped and tender nipples was strongly advocated, together with the use of the shield as long as tenderness existed.

CASE OF DOUBLE UTERUS, WITH SIMULTANEOUS GESTATION.

BY HENRY GRACE, ESQ.

(*Communicated by* Dr. GRAILY HEWITT.)

Mr. Grace was summoned by his father to see a patient in labour for the fourth time, aged twenty-six. Twice previously there had been premature birth; the third child did not live. When first seen by Mr. Grace, labour had been going on for fifteen hours; the waters had escaped. On examination, a hand was found presenting in the vagina, and the os about half dilated; but lying posterior to this, another os was discovered, with the head of a child presenting. Septum between the two half an inch thick, and extending up as far as could be reached. The anterior os was dilated, the child turned, and delivery effected. The placenta then followed. The child was dead, and apparently seven months old. The posterior os was next dilated, turning effected, and a live child extracted, which survived only a few hours. The placenta of the second child was expelled without difficulty. Both children were females, equal in development. No flooding or other complication interfered with the perfect recovery of the patient.

Dr. GRAILY HEWITT observed that the case, for the particulars of which the Society was indebted to Mr. Grace, was a very unusual and interesting one. In the elaborate work of Kussmaul on the Malformations of the Uterus, which contained a large collection of cases of various kinds, there were only two specifically recorded precisely similar to that observed by the author of the paper. The case of Mr. Grace resembled other cases of double uterus recorded by Kussmaul in respect of the feebleness of the uterine pains said to have been observed. Abortion and premature labour seemed especially liable to occur in cases of double uterus, and this fact was corroborated by the case then before the Society.

Reviews and Notices of Books.

Psychological Inquiries. The Second Part. Being a series Essays intended to illustrate some points in the Physic and Moral History of Man. By Sir BENJAMIN C. BRODIE Bart., &c. London: Longman and Co.

IN his declining years, the active mind of Sir Benjamin Brodie has been occupied on a second series of his "Psychological Inquiries." Though of fourscore years of age, and afflicted with almost entire loss of sight, the greatest surgeon of the day has published a work which gives an addition to our literature of no ordinary importance. Seldom has th "learned leisure" of an octogenarian been devoted to a more

useful and important purpose. If we cannot always agree with him in the conclusions at which he arrives, it is impossible to repress our admiration of his clear and distinct manner of placing before the reader his views of some of the most interesting problems that can engage the intellect. He has brought to bear upon some of these subtle subjects a vast experience, and an unequalled physiological knowledge. He shows, we think conclusively, that to succeed in elucidating some of the more abstruse dogmata of metaphysics, a correct understanding of the physical formation and functions of man is essential. It is in the bringing of this knowledge to bear on some of the questions which have occupied the subtlest intellects that the charm of Sir Benjamin Brodie's volume consists.

This volume may be taken as a model of English composition. It disposes of the "figments" of the "mere philosophers" in a clear and convincing manner. With the characteristic modesty of a great and original thinker, he states that he has "no expectation that his volume will be found to include any record of facts which were not already known to many of his readers; nor does he doubt that those who have been in the habit of reflecting on these subjects have arrived at conclusions very similar to those at which he had himself arrived." This to some extent may be true; but no one has hitherto succeeded in enunciating in so clear a manner the facts to which he alludes, or in bringing them to bear with so much force in support of the conclusions to which they point.

In parting with this charming volume, we cannot help expressing our regret at the opinions which Sir Benj. Brodie has expressed with regard to that form of mental hallucination which psychologists have denominated "moral insanity." No subject is fraught with greater difficulties to the medical jurist than this. We apprehend that this form of mental disease—for such it really is—cannot now be ignored. Considering that it is the battle-ground of the lawyer and the physician, we repeat our expressions of regret that so eminent a person as Sir Benjamin Brodie should have given the weight of his authority to the *legal*, in preference to the *medical*, aspect of the question. It cannot be denied that the evidence of medical witnesses has almost invariably leaned to the side of humanity, and to those enlightened ideas of justice which are so characteristic of our profession. Unfortunately, in the efforts of medical practitioners to ameliorate the severity of our criminal code, the lawyers have been their greatest opponents. If on some occasions these efforts have been carried beyond legitimate bounds, the error has been on the right side. In justice, however, to Sir Benjamin Brodie, it must be acknowledged that, in spite of the opinions he has expressed in the work before us, whenever he has given his evidence in a court of law it has always been in support of those enlightened views of moral responsibility which his profession has been the first to promulgate and to sustain.

As his second volume of Psychological Inquiries must necessarily pass through several editions, it is not presumptuous in us to hope that he may yet reconsider that portion of it which relates to the responsibility of "criminals." To place his name in this cause with those of Pinel, Charlesworth, Conolly, and Winslow, would afford satisfaction to his professional brethren of such a character as it would be difficult to over-estimate. However this may be, these Psychological Inquiries will still be looked upon as a standard work—a work so creditable to its venerable author that if he had written nothing else it might be justly regarded as sufficient to constitute a noble monument to his memory.

General Outline of the Organization of the Animal Kingdom, and Manual of Comparative Anatomy. By THOMAS RYMER JONES, F.R.S., &c. Third Edition. London: Van Voorst.

DURING the short interval that has elapsed since the publication of the last edition of this work, the author has been employed in supplying various omissions and adding such new observations as the progress of anatomical science demands. Amongst the alterations which have been made in the animal series are—the separation of the Protozoa from the ciliated Infusoria; the introduction and redistribution of the class Helminthozoa; the transference of the classes Rotifera and Cirrhopoda into close proximity with the Crustacea, to which they are related in many particulars of their economy; and the establishment of the Polyzoa as legitimate members of the molluscous division of creation.

The Geologist. June.

IN this number is a paper of interest, by Mr. Charles Carter Blake, "On the Crania of the most Ancient Races of Men." He reviews the osteological nature of the evidences at present afforded us of man contemporary with the mammoths, with a view, if possible, to determine the grade of the individuals whose remains have been preserved in supraplioeene strata. The paper is very copiously illustrated, and, without endorsing the author's views, we recommend its perusal to those interested in the subject. The number also contains a few Notes upon Human Remains from the valley of the Trent, and from the Heathery Burn Cave, Durham, by Professor Huxley.

MEDICAL TRIALS.

THE SHERIFF OF LANARKSHIRE AND THE MEDICAL PROFESSION.

A CASE illustrative of the hardships to which medical men are occasionally subjected was lately brought under the notice of the Scottish Registered Medical Practitioners' Association. Mr. George Oliver, surgeon, Garnkirk (now of Prestonpans), was summoned to visit a woman who had injured her arm by a fall. He found it broken at the ordinary seat of such an injury—a little above the wrist. He set the arm, and at the end of six weeks removed the splints, finding the fracture united. Dissatisfied with the stiffness which always remains for a certain time in such cases, the woman consulted a bonesetter, who told her the arm had been doubly dislocated—at the shoulder and at the wrist. After weeks of what he called preparation, he gave the arm a severe pull, and told her he had effected reduction of the dislocations. An action was then raised in the Glasgow Sheriff Court against Mr. Oliver for malpraxis, but the Sheriff-Substitute decided in his favour. On the case being reclaimed to the Sheriff, that learned gentleman reversed his Substitute's interlocutor, and gave £5 damages, with costs against the surgeon. The evidence on which the Sheriff founded his judgment was as follows:—The bonesetter swore to there having been a double dislocation of the shoulder and wrist, which he reduced about eleven weeks after the accident, and three weeks after he first saw the case. While the case was under the bonesetter's "preparatory treatment," Dr. Lyon, senior surgeon of the Glasgow Royal Infirmary, examined the arm, found no dislocations, but evidence of a recently-united fracture above the wrist. Two other medical men also visited the patient at this time, but found no dislocations. Upon this evidence, Sir Archibald Alison decided that dislocations of the shoulder and wrist had been caused by the accident, and had been overlooked by Mr. Oliver, Dr. Lyon, and others, thereby showing that he put more confidence in the opinion of the bonesetter than in any amount of medical skill and testimony. The Scottish Registered Medical Practitioners' Association, feeling this decision to be an insult to the profession, and that it would be wrong to allow such a judgment to remain unchallenged, recommended Mr. Oliver to appeal the case to the Court of Session. Accordingly, the Sheriff of Lanarkshire's interlocutor was unanimously set aside by the Judges who tried the case. A subscription to defray the expenses was opened among the members of the medical profession in Edinburgh and Glasgow. About £66 was subscribed, of which £21 11*s.* 5*d.* was obtained in Glasgow, and £44 4*s.* 6*d.* in Edinburgh, ten guineas of the latter being a contribution from the funds of the Medico-Chirurgical Society of Edinburgh.

DETECTION OF IODINE.—M. de Luca detects minute quantities of iodine in rain and other water by precipitating them with nitrate of silver.

THE LANCET.

LONDON: SATURDAY, JUNE 21, 1862.

IT is to be hoped that the Middlesex freeholders will not fall into the blunder of putting the square man into the round hole by electing a lawyer to the Coronership. Were the Coroner's Court held in a fixed place and under other conditions, admitting of constant and exact public observation, it is certain that no lawyer would ever be elected to an office for which he is necessarily unfitted. Inquests are conducted on the spot where an unexplained death has taken place. In many cases the interest in the inquiry is entirely local, and no independent intelligent observation from without is brought to bear upon the proceedings. The consequence is that great ignorance prevails as to the duties of the Coroner, and of the qualifications which are essential to enable him to perform them. The one great paramount object for which Coroners are elected is the protection of human life against criminal or negligent practices. In order to protect life we must know the conditions upon which life depends, and the modes in which it may be assailed. The first step towards the prevention of criminal or negligent assaults upon life is to trace the particular causes of death. To avoid the first error that lies in the way, that of mistaking natural death for death which is the result of violence, it is necessary to be familiar with the ordinary causes of death. This knowledge is medical knowledge. It is acquired by dissection, by the observation of disease in hospitals, and by the practice of scientific investigation. Now, from the constitution of the Coroner's Court, the prospect of a successful and satisfactory inquiry into the cause of a suspicious or unexplained death depends entirely upon the fitness of the Coroner to conduct this medical inquiry. There is no one to help him or to guide him. His province is not, as in the Courts of Law, to decide upon questions of law and evidence as submitted to him by opposing counsel and witnesses. His duty is altogether different. His is scarcely a Court of Law at all. He is not called upon to punish an offender—to give awards or sentences. His duty is to inquire, to make inquest, to *find out*, first, what caused the death of a particular person; and, secondly, whether blame is attachable to anybody in connexion with that death. The circumstances under which the first part of his duty is conducted are often in the highest degree unfavourable and embarrassing. He may have to find his way through the darkness of criminal suppression of evidence, and the complicated confusion that quickly gathers around the case from the suggestions of prejudice, ignorance, and malice. As the case is at first submitted to him, it may be loaded with false and misleading explanations. There are no impartial or independent witnesses to give true or intelligent evidence; no solicitors or other persons have been previously employed in getting up the case, so as to lay the facts before the Coroner in a connected or intelligible form; there are no opposing counsel, each engaged in eliciting that half of the truth which may square with his views. Nor can the jury help him much. Everything depends upon the Coroner being himself able to appreciate the scanty facts that appear, and to direct the inquiry into the right path. He has to find out the proper witnesses; often to compel their attendance; to examine and cross-examine them; to extort reluctant evidence. In numerous instances, where a lawyer attempting to discover the cause of death would either beat about the bush for hours or quickly abandon the task, a skilled medical practitioner would go straight to the mark, and make the case clear at once. He would not be imposed upon by imperfect or by spurious scientific testimony, against which a lawyer would be helpless. In many districts where legal Coroners sit, the Court has become an object of derision to all men of sense—an encouragement rather than a terror to evil-doers; and the inquiry into the cause of death issues in such absurd and frivolous verdicts that the question as to the expediency of abolishing the office altogether is not seldom agitated. If medical or chemical testimony is taken, the questions asked of the witness often bear no relation to the matter. The answers are probably misunderstood. There is no opportunity of rectifying mistakes or misapprehensions. The witness, if a man of sound attainments, gives his evidence under the uncomfortable and discouraging consciousness that what he says may not be understood, or that it may be entirely discredited by the unscrupulous assertions of a charlatan whose ignorance the Coroner is unable to detect. The favourite refuge of the doubting lawyer is deference to authority. He is a competent judge, perhaps, of what constitutes legitimate authority in Law; but as to authority in Science he must be governed by his personal predilections or by popular report. Whatsoever the scientific authority is pleased to tell him he will either accept with all humility and trust, or reject with arbitrary indifference. He is unable to see the weak points of the evidence, to put such questions as will bring out important points that have been omitted, or to detect deficiency of information or error in the deductions. He cannot, in short, direct or control inquiry into the question—the subject-matter at issue; for he does not understand it, but is compelled to submit to the judgment pronounced upon it by the expert before him. For rational appreciation of the facts and conclusions he substitutes authority. And greatly may he err. He may, deferring to a superior reputation, neglect or disbelieve the truer evidence of a man, unknown, perhaps, beyond his immediate circle, but who may have a far more intimate knowledge of the facts, and have taken more pains in the investigation. The legal Coroner may thus commit the double wrong of injuring the professional character of a worthy man, and of missing the truth that would have led him to the object of his search—the cause of death.

When a great railway or mining catastrophe occurs, it is not usual to despatch a lawyer to the spot to find out the causes. The causes are beyond him, for it involves a special scientific training to understand them. His boasted skill in taking evidence would be of no avail. The inquiry is entrusted to an engineer. So, when in some unexplained manner death occurs, it would be equally irrational to commission a lawyer to find out the cause. The whole case, we say again, is summed up in the fact that the determination of the cause of death is not a question of Law, but a question of Medicine; and that the Coroner's Court is, above all, a Court whose function it is to find out the cause of death by originating and suggesting, if need be, the course of the inquiry. To discover the cause of

death, in short, demands precisely the same skill as to discover the nature of disease during life.

To this conclusion, it may be seen by the distinguished names on Dr. LANKESTER'S Committee, the public is decidedly favourable. Indeed, many reflecting men now see that the future integrity of the Coroner's office hangs upon the election of medical men; for unless the duties of the office be fulfilled in a manner to command public respect and confidence, the very continuance of this ancient popular institution will be endangered.

The primary duty of the medical profession—a duty owing not less to the public than to itself—is to take care that it shall be well represented in the now pending contests. It would be worse than folly to hazard failure by dividing our forces. We are sure we express the feeling of the great body of our brethren when we say emphatically that all support should be concentrated in favour of one medical candidate in each Division. It is needless to repeat that Dr. LANKESTER fairly claims the hearty and undivided support of his brethren for the Central Division. The claims of Dr. MUSHET to be the selected medical candidate for the Western Division are not less strong. If the cause of these gentlemen be warmly taken up by the medical practitioners of Middlesex, there is every reason to look for a double triumph to consolidate the great victory won by Mr. WAKLEY.

THE adages which declare the shoeless condition of the cobbler's wife, and the graceless state of those who live nearest the church, are little likely to rust through lack of occasion for their use. Indeed, it seems a reasonable theory, as theories go, that it is part of our social destiny always to keep in stock—ready at hand for the finger to point at—apt illustrations of uncomplimentary proverbs.

Now among the several national peculiarities which amaze our better-class foreign visitors, nothing more astounds them than the vast extent of London charities; especially the immense amount of voluntary contributions yearly collected for maintaining the metropolitan medical charities. We are rather proud of this wonderment, and placidly appropriate the compliment it conveys, without thinking whether it is entirely deserved. For if the enthusiastic foreigner travelled but a little way out of London, and there continued his inquiries, he would find in the matter of medical charities a barrenness such as exists nowhere else in the land. The two metropolitan counties, Middlesex and Surrey, including nearly half a million of acres (exclusive of the bit of ground on which London stands), thus supply the requirements of their sick poor:—Middlesex, of which the extremest point is more than twenty miles from town, has not a single hospital or dispensary excepting those which exist in London. The county of Surrey, nearly three times as large, studded with well-to-do towns and thickly populated, is practically not much better off. There is no public hospital beyond the limits of London, while there are many local causes especially conducing to the frequent occurrence of those severe accidents that need in-door help, immediate and near at hand.

Now the county town of Surrey is peculiarly eligibly placed for the erection of a large public hospital. Its situation is sufficiently central, the air is eminently salubrious, and four lines of railway converging to the Guildford station make it very accessible for patients from all parts of the county. So we are glad to learn that the inhabitants of Guildford have at last awoke to the necessity for an hospital, and to the eligibility of their town for its site. A small dispensary was established there two years ago, and it is now formally announced that this is only the pioneer of a greater work. The solid preparations already made towards the erection of a suitable hospital reflect great credit on those who have hitherto managed the affairs of the dispensary, and worked so strenuously to increase its efficiency as a medical charity.

Lord ONSLOW has, with noble liberality, given a plot of ground for erection of the hospital; and upwards of £4000 have been already collected for the immediate commencement of the good work. All this looks very prosperous; but we hear of a hitch in the proceedings, to which, considering the importance of the subject, we deem it our duty to allude. For some good folks in the locality have got into their heads an unhappy notion that the ground is not extensive enough for a large hospital, and therefore no building should be proceeded with until more can be obtained; that a very much larger sum must be collected before proceeding with its erection; and that the arrangements for building &c. be transferred from the practical committee which has hitherto worked so well, into the hands of a committee composed chiefly of county magnates.

To those who know anything about the establishment and working of charitable institutions we need not point out how disastrous is any delay in proceeding when once there are funds in hand sufficient for commencing, and reasonable expectation of that further support which people always give when they see that something practical is being done. The area of ground presented by Lord ONSLOW, in a high and open situation at Guildford, is sufficient for a building capable of enlargement hereafter, whilst the amount already collected is enough to warrant beginning at once; for the very walls as they rise will form standing appeals more efficient than pages of advertisements. But above all it is important that the people of Guildford should avoid the risk of ruining their laudable undertaking by allowing its management to be vested in a committee elected on account of wealth or rank, or consisting of any but practical men. We have too often seen occasion to deplore such a proceeding, for it is a common error very fatal to charitable institutions. It usually results in the transfer of all power to two or three persons whose energy too often exceeds their judgment. Thus differences arise, and bitter, foolish, personal squabbles, amid which the interests of the charity soon come to be utterly disregarded. The county of Surrey is so essentially a "banlieue" of London that a well-conducted hospital, accessibly situated,—as at Guildford,—would be indirectly beneficial, in many ways, to the inhabitants of the metropolis. We have, therefore, dwelt at some length on the advantages and feasibility of the proposed plan for erecting one as soon as possible. But we have also thought it right to point out the course which would most surely tend to impede its progress, mar its efficiency, and lead those who would subscribe handsomely for its maintenance to look coldly on any appeals for assistance.

PROFESSOR OF ANATOMY AT MELBOURNE.—We are requested to state, that the gentleman to be elected to the Professorship of Anatomy and Physiology at Melbourne will be required to leave England before November next, and will be paid £300 for the expenses of his passage, &c.

Medical Annotations.

"Ne quid nimis."

POISONOUS CHEESE.

SOME attention should be given to the recent cases of poisoning by decayed cheese, by which in one case two lives were sacrificed, and in another some twenty men of the Burley Rifle Corps were seized with all the symptoms of violent irritant poisoning—suffering excruciating pain, falling into a state of collapse, and causing well-founded alarm to their friends. In the former case Mr. J. E. D. Rodgers made some chemical examination of the cheese in fault and of the stomachs of the deceased, and seems to have discovered nothing in particular beyond the fact that the cheese was a good deal decayed, and that the process of decay was accompanied by the formation of a certain amount of *sebacic acid:* a substance as to which we should be glad to have a little more precise information of its relations to the human stomach, and the conditions of its action and of its development. His conclusions appear somewhat misty and undecided; amounting only to the result that the deceased died of eating decayed cheese. In the Burley cases the sudden poisoning of the men is attributed to "eating American cheese which contained an irritant poison, but which had nothing peculiar in its appearance, except that it was partially decayed." Thus far the cheese seems to have had "nothing peculiar" in its outward characters or in its chemical operations; and experience is too dearly bought at the expense of a severe attack of symptoms of a choleraic character.

It may not be out of place to refer to the statements which have been made, on excellent authority, in relation to the transference of poisons,—that the milk of cows fed in certain districts of America is poisonous, and gives rise to serious symptoms, whether taken as milk or made into cheese. The flesh of the cows possesses also poisonous properties; while the animals themselves do not suffer in health from feeding on the plants. These cows enjoy an immunity from the action of this particular poison which we do not: just as Mr. Attfield recently discovered a species of mite which flourishes on strychnine. Until the chemists favour us with some more definite information on this subject, we would advise an abstinence from decayed cheese in general, and from American cheese—in whatever condition—in particular. Meantime we direct the attention of the medical officers of health to the quantities of highly decayed cheese exposed for ordinary sale; and it would be interesting to have this subject thoroughly investigated.

RESIGNATION OF MR. BOWMAN.

ON Friday, the 13th inst., Mr. Bowman sent in his resignation of the surgeoncy of King's College Hospital to the Council of King's College. The ground of resignation we understand to be ill-health and the pressure of other more lucrative engagements. But it is generally rumoured by those who are opposed to the temporary-office system that the alleged complete break-down of the plan has something to do with it. Report says that there is a disinclination to take any step to fill up the appointment, and that some intention exists to divide the dozen beds which Mr. Bowman used to fill with his patients between the present surgeons of the hospital—Mr. Fergusson and Mr. Partridge. Thus far the temporary system appears to have worked badly enough at King's College Hospital; for on each vacancy it is found that the offices are filled by men of successively minor standing; and since the introduction of this system the hospital has lost the services of Mr. Henry Lee, Dr. Murchison, Mr. Hulke, Mr. Lawson, and Mr. Christopher Heath. At last, the dearth seems to have been fostered into a famine, and the talk is of not filling up the vacancy at all. No doubt the lustre of the reputation of such surgeons as Mr. Fergusson and Mr. Bowman has been sufficient to attract a large school and maintain a high character for the hospital; but if the present course be continued of treating with harshness the best of the junior men, and substituting contented mediocrity for ambitious merit, the roll of pupils will diminish as the unpopularity of the school increases, and when the greater luminaries retire the hospital and school will be left in a state of disorganization.

Meantime, there is no greater mistake than to suppose that the junior offices in an hospital or a school are of minor importance. There is often as much instruction to be given in the out-patient departments as in the wards; and the demonstrators may have an influence for good co-extensive with that of the lecturers. The highest class of ability is necessarily excluded from these offices by disgust with the temporary system, and the gradual effects of a very vicious course are now being seen at King's College Hospital to an extent which must greatly prejudice the popularity and prosperity of the school.

A RUNNING FIGHT.

THE value of so able and enlightened a medical director as Sir Ranald Martin, and the general utility of the recent inquiry into the health of the Army of India, are strikingly exemplified by some orders lately issued for the protection of those troops from that scourge of armies, the cholera. The study of successive epidemics has shown in a very remarkable manner the definite localization of the outbreaks and the fixed lines of their march. Hitherto these circumstances have not been employed in favour of the troops attacked, by any systematic avoidance of the pest. It is the duty of Curative Medicine to study the means of saving the victims when attacked; it is the province of Sanitary and Prophylactic Medicine to avert the pest, or to save the men from its fury. It is shown that two means may be taken with this view. In the first place, it is directed, in an excellent general order just issued to the Indian Army, that the utmost attention be paid to the cleansing of all receptacles of filth, and to the sources from which drinking-water is derived. There is the greatest room for improvement in both these respects. We happen to know that a great deal of the water used by our Indian troops for potable purposes is filthily polluted; and no means of purification are provided, nor is proper selection of the sources of water exercised. Then the state of the cesspools in some of the Indian barracks is positively disgusting, and in the highest degree noxious. The strictest attention is needed to the orders now issued, and to further directions which we have reason to hope will shortly be promulgated, if it is desired that the mortality from diarrhœa, dysentery, and cholera shall be abated in the Indian forces. Then follows the excellent order, that advantage shall be taken of the local character of cholera visitations to remove the troops forthwith from the infected locality; and, to avoid falling into its line of march, officers are directed to remove their men as far as possible at right angles with its track, to break them up into small bodies, and to observe certain judicious rules as to food, medicine, and clothing. Officers commanding divisions or stations are required to make themselves thoroughly acquainted with the ground in the neighbourhood of their stations to the extent of twenty miles, so that they may know at once where to fix a new encampment in case the cholera should break out in their first location. It may be anticipated that many valuable lives will be saved by this excellent general order; and our soldiers, who would disdain to turn their backs on any other foe, need not blush to fly before this fell pest.

LARYNGOSCOPY.

PROFESSOR CZERMAK has been giving a short course of laryngoscopic demonstrations at King's College Hospital. Amongst the out-patients was an elderly woman, who had lost her voice for upwards of two years. She was inspected for the

first time by Dr. Czermak, without any previous preparation, in the presence of the medical gentlemen there, and he at once made evident the existence of a polypus of the size of a large pea, reddish, and granular, which was seated on the left true vocal cord. Thus the nature of the disease was manifested, and its removal may be easily effected. This is the second case of polypus of the vocal cords thus demonstrated by Professor Czermak recently in London. Apparently this abnormality is not so extremely rare as has been supposed. Another case which came under observation in the course of the same demonstration, illustrated in a somewhat amusing manner the practice of rhinoscopy, and the manipulations which it may facilitate. A young girl, the subject of cleft palate, was examined with the rhinoscopic mirror. The cleft palate greatly facilitates rhinoscopy, and in this case the proceeding was remarkably easy. The back of the nares and the Eustachian tubes were well exhibited, and between the turbinated bones could be seen projecting a white mass which had all the appearance of a foreign body. With the view of illustrating the introduction of instruments for surgical proceeding, Dr. Czermak applied a blunt hook with the right hand, holding the mirror with the left, and detected—a mass of chewed bread-and-butter which had been forced into this position in the act of deglutition. This pathological specimen was not so interesting as had been anticipated, but the case served the purpose of exhibiting the surgical manœuvres which might prove useful on another occasion. Amongst the patients recently submitted to laryngoscopy (June 13th) has been the person on whom Mr. Nunneley, of Leeds, performed the operation of removing the entire tongue. It was easy to see, indeed, that the whole of the tongue had been removed, a small part of the base attached to the epiglottis alone being left. The interest of this case centres in the remarkable perfection of the patient's speech, and the range of his vocalization. It is known, for instance, that the sounds connected with the letters t, th, s, z, are performed by the tip of the tongue in contact with the teeth. Nevertheless this patient pronounced these sounds, not perfectly, but very well. This power of speech is of course very interesting in relation to the "miracle of speech" in the early martyrs, of which Gibbon makes so much. There are not any words which this man cannot pronounce more or less perfectly, although without a tongue. A careful observation shows that such letters as t, s, and z, are articulated by the help of the movable floor of the mouth. The extrusive muscles of the tongue having been detached, but of course not excised, contract new adhesions in the floor of the mouth, and when he pronounces these letters the floor of the mouth may be observed to rise, and the red mucous membrane may be seen through the teeth, coming into contact with them and helping to perform the functions of a tongue. Moreover the lips are used much more laboriously than in ordinary speech, and assist, by particular movements, in the formation of nearly all the "lingual sounds." It is also worthy of notice that in this patient the power of swallowing liquid food is fully retained, even when the face is bent much forward and the fluid allowed to gravitate towards the teeth. This is no doubt also due to the increased muscular activity of the floor. In the ordinary involuntary action of swallowing the saliva as secreted, the want of the sensitive surface of the tongue is felt; and the saliva is only swallowed by frequent semi-inspiratory sucking efforts, which have to be repeated during conversation, to prevent the saliva from flowing out of the mouth through the lips.

MEDICAL DEPARTMENT OF THE ARMY.

ANYTHING which lowers the efficiency of the Medical Department of the Army is too great a public evil to be lightly passed over. Our army surgeons should be educated gentlemen in the fullest meaning of the term, and they must at least be treated with the respect which is accorded to professional men. We are proud to be able to say that at present they hold a high character. While courts-martial are frequently held upon other officers, and while it is notorious that not a few of these gentlemen are inefficient and unruly, we never hear complaints of the medical men. The greatest scandal-monger in a regiment has nought to say against his surgeon; and yet it would seem as if the heads of the Medical Department took a pleasure in inflicting pain upon those placed under them. We are unacquainted with the individual who has ventured to suggest that the various staff and regimental surgeons should become spies and common informers against the assistant-surgeons; but we have no hesitation in saying that he has a very slender knowledge of the character of an Englishman. If we know anything of the staff and regimental surgeons of the British Army, we are sure they will repudiate with disgust the office which has been assigned to them.

The following is a list of questions to be answered in the annual report required from staff and regimental surgeons with respect to those assistant-surgeons who may have served under them during any part of the preceding year:—

"1. Rank and name?
2. How long has he served under you?
3. State of his health during the period?
4. Whether he is capable of undergoing much fatigue?
5. Whether he possesses much mental or physical activity, or the reverse?
6. Whether his habits are strictly temperate, and if he is correct in his general conduct?
7. Whether his manners are courteous?
8. Whether he is irritable, impetuous, indiscreet, or of an impracticable temper?
9. Whether he has been assiduous in the discharge of his duties, and humane and attentive to the sick?
10. Whether he is well acquainted with the diseases of women and children?
11. Whether he is studious in his habits? What are his literary attainments and general information?
12. Can he compose and write correctly?
13. Does he possess high professional attainments, and does he excel in any special subject?
14. Has he availed himself of every opportunity of performing surgical operations on the dead body? How many operations have you seen him perform? State what they were, and how he performed them.
15. The estimation in which he is held by the commanding and other officers of the regiment?

The report in which answers to the foregoing questions are to be embodied is not to be seen by the officers reported on."

When a man investigates the character of a footman or a butler, it is not unusual to inquire if he be sober and correct in his general conduct. But to require a gentleman to speak of his brother officer on these points—to ask a man whether his comrade is courteous or irritable, or whether he can write correctly, and then to tell him that his replies are to be kept secret, is a proceeding which we dare not characterize by the only name applicable to it. The medical officers of the army have never been treated with liberality, but we do not know that they have ever before been subject to so gratuitous and wanton an insult.

THE DEATH OF MR. BUCKLE.

IT is a matter of common remark in professional circles, that medical men frequently die of their own diseases; that the particular ailment which has been the chief study of their lives becomes also the cause of their death. The recent loss to literature of a highly accomplished scholar, cut off in the very prime of life, and when his long labour was beginning to bear fruit, seems to add another name to this list. Mr. Buckle, whose death at Damascus was announced last week, might be counted as a victim to that very civilization which had for years absorbed his attention, and on which he had commenced a noble work marred by his untimely death. For it is surely but right that we count the hard-reading man and laborious compiler, who works on continuously without relaxation or rest, neglects his physical health, and feeds his brains at the

expense of his body, as peculiarly the product of an overwrought condition of civilization. It is well, mayhap, that there should be such persistent labourers in the fields of literature; but it is very grievous to see them break down under the strain, ordered to shut their books, and let their brains lie fallow; to go away in pursuit of the physical health which has been so neglected. "The abilities of man," writes Temple, "fall short on one side or the other like too scanty a blanket when you are abed; if you pull it on your shoulders you leave your feet bare, if you thrust it down on your feet the shoulders are uncovered."

Mr. Buckle died at Damascus of a rapid fever. Strong physical health might—probably would—have enabled him to resist its attack, or at least to struggle through the disease. But the sword had worn out the scabbard, and that intense enfeeblement and prostration which medical men so often witness as the result of continuous mental toil, had undermined his physical strength to such a degree that he rapidly succumbed under the attack of typhus.

Cases like this, where excessive brain-toil at last wears out the vigour of the frame, are far more frequent than formerly, especially among men of the learned professions. In persons so debilitated there is always great risk from exposure to any malarious or infectious influences. Hence we may question whether the advice so frequently given to "go abroad," with all the danger attending residence in fever-fraught foreign towns, and the cares and anxieties entailed by the journey, is generally judicious in such cases. Far preferable, in the majority of instances, would be the mental quietude and physical recruitment afforded by a sojourn amid our beautiful home scenery—amid the northern lakes or in remote country districts far from "the busy hum of men."

THE LATE DR. M'WILLIAM.

WE regret to learn that this amiable and distinguished member of our profession has left his family in such circumstances as to require pecuniary aid in consequence of their irretrievable loss.

Dr. M'William was no common man. Devoted to his profession, he proved on many occasions that he was worthy to occupy a prominent position amongst us. With dauntless courage he brought home the ill-fated ship of which he was the assistant-surgeon from a pestiferous climate, when, with one exception, he was the only efficient man on board. He advocated the just claims of naval surgeons to the consideration of the Government. His influence was always exerted in pursuit of this righteous cause. To the political and medical press he made numerous and able contributions. He was one amongst the foremost of sanitary reformers. As a public servant he performed his duties efficiently and to the satisfaction of the authorities. In all the transactions of life he was honourable, amiable, and consistent. The family of such a man have a claim upon the profession to which he belonged: that claim, we trust, will be acknowledged, and responded to promptly and liberally.

THE CORONER FOR CENTRAL MIDDLESEX.

THERE is good reason to believe that if Dr. Lankester has no medical opponent he will be elected Coroner for the Central Division of Middlesex. Should the medical interest, however, be divided, it is possible that a lawyer may be elected. Under these circumstances, therefore, it is incumbent upon Dr. Challice at once to retire from the field. It is difficult to believe that Dr. Challice will persevere in a contest in which he has not the slightest hope of success, and by continuing which he will contribute to lessen the chance of his brother practitioner. Imperative duty compels us to make this statement. Dr. Challice is too honourable a man to persist in a line of conduct, the only effect of which would be the defeat of the medical interest in the great contest now going on. Dr. Lankester has the support not only of members of his own profession, but of eminent men connected with the senate and the law.

THE GREAT INTERNATIONAL EXHIBITION.

VII.

REPORT ON SURGICAL INSTRUMENTS.

BY way of change from the subject of the cutting and crushing instruments, which we have found so plentifully illustrated in the surgical cases, we will take a note now of some of the various kinds of truss and pessary which are seen here, and of which a large number of makers contribute some ingenious varieties. The importance of good hernia trusses is the more palpable when we remember that some writers compute that one in every eight adults is afflicted with rupture, and that a still larger per-centage of the population in manufacturing towns require trusses. Every surgeon meets, in the course of his practice, with cases of rupture in which all the ordinary and approved forms of truss fail; and after running through all the list, he is still unable effectually and completely to restrain the protrusion. There are some trusses here which will help to meet the most difficult cases.

The four most ordinary and widely-used trusses in this country are,—1st, the circular spring, or common truss; 2nd, Salmon and Ody's (expired patent) truss, sometimes called the ball-and-socket or self-adjusting truss; 3rd, White's mocmain patent lever truss; 4th, Coles' (expired patent) truss, or the spiral-spring padded truss. These may be taken as types of most of the various modifications. But besides these are a host of patented trusses, of which nine-tenths are of little use, or only useful for special cases.

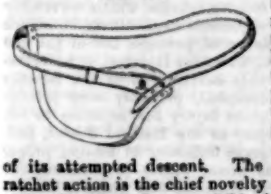
A few words as to the general merits and defects of the trusses we have mentioned, which are exhibited by a number of makers, may be useful. Taking them in their precise order, it may be remarked as to Coles' spiral-spring truss, that it has spiral springs in both back and front pads, and may be seen here got up with great perfection of workmanship. It is said to combine ease with pressure, to give the greatest amount of support, and to act directly on the rupture. But, in fact, it will be found, as Mr. Arbuckle, of Edinburgh, in a very ingenious paper, points out, that in supporting a rupture requiring any amount of pressure to keep it in place, the spiral springs are pressed flat before the truss comes into play, or the pressure of the encircling spring acts on the pad forward or downward, or in any direction but that which gives the upward pressure wanted. For very light ruptures it is extremely comfortable, but there are many cases in which it altogether fails. So with Salmon and Ody's truss; the ball and socket with which the encircling spring is articulated to the pads gives great ease and security in movement, but the pressure exerted is a straight backward pressure, and not an upward one, such as is really wanted; and then, the back pad being the fulcrum, the same amount of pressure must be exercised there as in front, whatever inconvenience it may cause. White's mocmain truss has more serious defects. It has no spring round the body, but it has a mocmain pad, and a short lever spring and an under strap, which, when tightened and buckled, will support a light rupture. That which recommends the truss is the absence of a body spring; but, in fact, it gives no support at all until the thigh or under strap is tightened, and then only enough to restrain comfortably a slight protrusion. Most surgeons—but not all—are aware that the term "mocmain" has no relation to any mechanical principle, and is only the name of a substance grown on the "silk-cotton tree" in India, which is used for stuffing the pad. This may be used in stuffing any pad; it is elastic, but not very highly so.

Of all trusses which have been introduced, the most generally effective is unquestionably the circular spring or common truss. The experience of the most disinterested and intelligent mechanicians accords, we believe, with ours in this respect, and the experience of our hospitals and armies tells the same tale. Mr. Blaise, of the firm of Savigny and Co., has mentioned to us, in confirmation of this opinion, that although that firm is interested in more than one special form of truss which has been patented at much expense, yet he finds the ordinary circular truss to be so far preferable for the majority of cases that it is very rarely that he has recourse to any other. Mr. Arbuckle bears the same testimony; and M. Bechard, of Paris, who is certainly one of the most able and ingenious orthopædists, as well as M. Charrière, express the same well-founded preference for this cheap and simple circular spring truss, which is known in France as the English, or Hart's truss. But the great secret with this truss is, that it shall be well made and carefully fitted. Ordinarily this is very much neglected. A truss is selected which is about the right size according to the conventional models, and this is fitted on to the human body as though it were a circular pillar. But if the dimensions be accurately taken, the spring carefully shaped, and the pad properly adjusted, this truss should fit as though it were a part of the body, and perfectly support the rupture while it distributes the fulcrum pressure equally around the frame. This is the simplest and most perfect type. We believe that Mr. Arbuckle has applied his energies in quite the right direction in endeavouring to bring this truss to the best condition, by bending the spring in edge in the shape of a sabre, at the back, and the opposite direction in front, making a slight imitation of the letter *S*, and having the tail end of the spring bent also a little down in front to be in a line with the front strap when fastened to the pad, and prevent the end of the spring from cutting the covering. Our best London makers take great care in shaping the spring somewhat as here described, for when bent on the flat it rests on its edges instead of its surface, where it takes the turn. But Mr. Arbuckle has laid down excellent and precise rules which we should wish to see generally followed in the construction of this truss—a truss which is the property of all the world, and of which many thousands are annually constructed.

We have already said, however, that although either of the above trusses will meet ordinary cases, and some of them, if carefully made, will suit very difficult cases, yet there are many instances in the practice of surgeons where special contrivances are called for; and then not everyone is pleased with simple and cheap means, nor does everyone share in the high opinion which we have expressed of the circular spring truss. In the more complicated cases, and to meet various objections which have been urged against the apparatuses already mentioned, there are many special contrivances.

Thus the accompanying drawing (Fig. 12) illustrates the construction of a truss, exhibited by Mr. Heather Bigg, in which the obliquity of the pad can be varied by means of a ratchet hinge, so arranged as to possess an *oblique* axis; hence, on turning the screw, the lower margin of the truss pad is pressed inwards and upwards by one and the same movement, thus resisting the hernia equally in both planes of its attempted descent. The introduction of an oblique ratchet action is the chief novelty and merit of the invention.

FIG. 12.

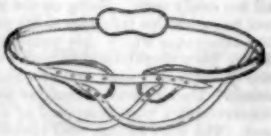


Another form of truss exhibited by the same maker is called the "triple lever," owing to its being formed by three short elastic springs, fastened at one of each of their extremities to a screw disc; the effect of which is that upon its being turned, the pad gains immediate increase of force in three directions,—namely, inwards, upwards, and outwards: these movements correspond with the planes in which the hernia seeks to descend. An additional advantage possessed by this truss is, that no metal is employed around the pelvis, the three small springs previously mentioned being arranged about the inguinal and abdominal regions; hence all pressure against the vertebræ is avoided.

FIG. 13.

A third form of truss shown by Mr. Bigg is intended for double hernia, and is so arranged as to possess centrical movements in the back pads, thus allowing the springs to accommodate themselves to any position the pelvis may assume, without displacing the pads which cover the hernial orifice. There is also a novelty in the construction of the pads themselves: being filled with molecular substance, the surface of each pad is capable of being retained in perfect apposition with the abdominal parietes. By the constant movement of these particles, it is thought that gentle irritative action is set up within the inguinal canal, of which the ultimate effect is sometimes curative. The radical cure of rupture has, however, more often been effected by accurately fitting trusses with sand or other pads, and at far less risk and cost of life than by any form of operation yet devised. For the rest, the experience of our instrument-makers shows that it is very rarely, even after the operation, that the patient is able to dispense with the use of a truss.

FIG. 14.



A new modification of Coles' truss is shown by Messrs. Maw and Son, in which, by a very capital arrangement, Coles' truss is adapted for various forms and sizes of truss, by shifting the pads and altering the length of the spring. (See Figs. 15 & 16.)

FIGS. 15 & 16.

Pratt, of Oxford-street, shows a similar arrangement adapted for the use of the army, since this truss may be lengthened, shortened, and varied in size and direction, so that in the army chest, where room is so great an object, only a small assortment of trusses need be carried for immediate purposes. (See Fig. 17.)

FIG. 17.

Mr. Spratt, of Brook street, has a femoral truss, which was constructed especially for a very difficult case of femoral hernia, and which has succeeded where others have failed. The spring crosses the body from left to right (in the engraving, Fig. 18), and is kept in its place by the strap, which passes obliquely across the front, and meets the spring about four inches above the pad. The pad is retained in its place by an elastic strap passing round the thigh, and fastened on to a stud at each end of the pad. This arrangement of the straps, combined with the ball-and-socket motion in the pad, ensures perfect freedom of movement, without any risk of displacing the pad.

A particularly good truss is shown by M. Rasmussen, of Copenhagen. The drawing (Fig. 19) shows an improved construction of the old English truss. At *b* is seen a spring acting on a partly cogged wheel, by which the oblique upward pressure of the pad is varied and maintained, while by an endless screw at *a*, the pad may be set in any direction, and the pressure regulated at will. This is an ingenious and highly compact little piece of mechanism. The selling price of the truss is marked "twelve to sixteen shillings"—a marvel of cheapness. Fig. 19 is for inguinal, Fig. 20 for crural hernia. We could mention, also

with great praise, the spectacle truss of Bechard, a very elegant folding spring truss, which can be doubled up and put away in the pocket. The origin and object of this little contrivance are characteristically described by the inventor. "A young man, the subject of an inguinal hernia, presented himself to us lately. We showed him our trusses, but he complained that they were all too easily seen. Being on the point of marriage, he wished not to expose his infirmity to his young wife. We apprehended the annoyance which this young man would feel in appearing before his young spouse the bearer of an apparatus little used in the chamber of Venus, and of which the aspect is anything but erotic. Under these circumstances the plan occurred to us of constructing a truss composed of a simple sheet of steel and a pad. The steel spring, well rounded and polished, was formed of several pieces united by joints, with a back stop, and so arranged that when the truss is opened, it forms a complete whole; but when the joints are closed, its size is so small that it can be hidden no matter where, even in the trousers' pocket." To some this is the *ne plus ultra* of a truss, and it is only fair to say that M. Bechard's truss is beautifully made, and perfectly fulfils the conditions described.

FIG. 18.

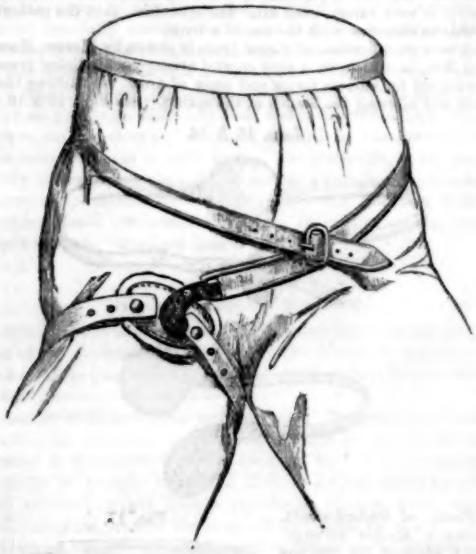


FIG. 19.

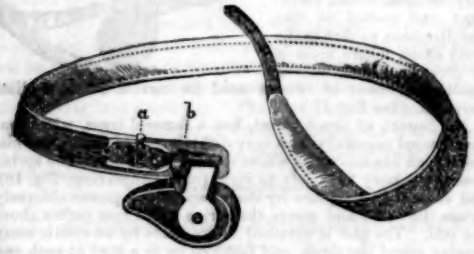
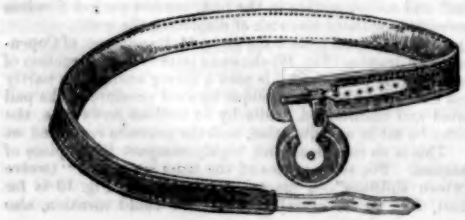


FIG. 20.



ST. THOMAS'S HOSPITAL.

To the President, Treasurer, Grand Committee, and other Governors of St. Thomas's Hospital.

THE undersigned physicians and surgeons of St. Thomas's Hospital feel it to be a duty incumbent on them again respectfully to address the Governors of the Hospital on the present lamentable position of this ancient and important Charity.

In February last, feeling how seriously the public interests committed to our care might be jeopardized by the then impending changes, we deemed it right to call the attention of the Governors to those points which appeared to us, at that time, to demand the most careful consideration and the best attention of those most qualified to form an opinion. And we especially insisted on "the paramount importance that everything possible should be done to ensure a full and free discussion of the various issues likely to be raised."

Since we last addressed the Governors, various questions of vital interest to this great Medical Charity have come under discussion, for the elucidation and determination of some of which, it might have been supposed, the opinion of the medical staff, as of those who must be the best, if not the only persons qualified to form a correct judgment, would have been sought. It is, nevertheless, true that our former address has remained unnoticed, and that our views have been either altogether ignored, or misrepresented.

But notwithstanding such discouragement, the duties imposed on us by the Governors themselves, in the formal "charge" delivered to us on our appointment, and by public opinion, alike compel us to entreat the serious attention of every Governor to the incalculable injury which the Charity must inevitably sustain by the forced closure of the present hospital, before another permanent hospital is provided. That one of the largest, richest, and most ancient metropolitan hospitals should be temporarily suspended from the exercise of that benevolence on which the lives and happiness of thousands of our suffering fellow-creatures depend, cannot be viewed otherwise than as a public scandal, as well as a great calamity. To avert such a catastrophe surely demands every possible effort and even large pecuniary sacrifice.

We learn that, with a view to mitigate, if possible, so great an evil, long foreseen and justly condemned by the unanimous public voice, various efforts have been made to secure beds in other hospitals; but that finally it is proposed to lease the Surrey Gardens, for a term of two and a half years, and to expend a large sum of money in fitting up the music hall for the temporary reception of patients, and a still further sum in providing accommodation for the resident officers.

In reference to any arrangements for obtaining the use of beds in other hospitals, it is needless to remark, what must be evident to all, that this would be only paying out of the Hospital funds for the maintenance of those afflicted poor, who would otherwise be provided for to a great extent, if not altogether, by the public, in the respective hospitals to which they might be admitted, and that it would be a virtual suppression of St. Thomas's Hospital.

In reference to the Surrey Garden scheme, whilst we readily admit that it is open to less objections than others, inasmuch as it provides for the maintenance of, perhaps, 200 of the 500 beds at present occupied in St. Thomas's Hospital, it nevertheless involves a most deplorable curtailment of the benefits dispensed by the existing Hospital, probably very inferior accommodation for the sick, great injury and injustice to the suffering poor, irreparable injury to the Medical School, and, as a necessary consequence, great difficulty in finding proper candidates for the numerous minor offices (now about 30) necessary for the care of the patients, and hitherto always filled by pupils of the school.

However great may be the inconvenience and discomfort occasioned to the resident officers, whether medical or non-medical, by any such temporary scheme as this of the Surrey Gardens, it can only affect the physicians and surgeons by diminishing their duties. We may, therefore, with the less danger of being misunderstood, say, that we are deeply convinced it would be difficult to over estimate the evils that would be entailed on the Charity, and on the suffering poor, by an abandonment of the present before another permanent hospital is provided. We would, therefore, most urgently press on the Governors the necessity of obtaining such a modification of the Bill now before Parliament, as shall secure the maintenance of this time-honoured Charity in its present site, and the continuance of the priceless blessings which it dis-

penses, until another site can be procured and another hospital erected. Nor can we believe that any serious objection would be raised to such a procedure by the railway company, when it could be shown how entirely the legitimate interests of all parties might be thus secured.

T. A. BARKER, M.D.
JAS. R. BENNETT, M.D.
R. GOOLDEN, M.D.
T. B. PEACOCK, M.D.
J. S. BRISTOWE, M.D.
WILLIAM BRINTON, M.D.
E. CLAPTON, M.D.
JOHN F. SOUTH.
GILBERT MACKMURDO.
SAMUEL SOLLY.
F. LE GROS CLARK.
JOHN SIMON.
SYDNEY JONES.

London, June 12th, 1862.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.

CONGRESS OF 1862.

PUBLIC HEALTH DEPARTMENT.

THURSDAY, JUNE 12TH.

THIS department resumed its sittings this morning, W. Fairbairn, Esq., president, in the chair.

Dr. DUNDAS THOMSON, medical officer of Marylebone, President of the Metropolitan Association of Medical Officers of Health, and Vice-President of the British Meteorological Society, read a paper "On the Proper Source of Water for Domestic Purposes." He said that the usual kinds of water used for domestic purposes were well waters, agricultural river waters, and pastoral waters. A general idea had prevailed that for the purposes of drinking, well water was to be preferred to that derived from other sources of supply; and although sanitary officers had made attempts to inform the poor that it was unwholesome, their efforts were greatly obstructed. He had examined shallow well and other waters for the supply of towns, and he found that they not only contained sewage, but they varied generally in their composition from day to day. It was important to remark, that epidemics had particularly prevailed in a fatal manner in those towns where impure well water was extensively employed by the inhabitants—as in certain parts of London, Liverpool, and Glasgow. The fatal results depending on this and collateral unhealthy conditions were especially marked in the invasion of the several epidemics of cholera, which caused the public mind again to resort to the unwholesome character of well waters, contaminated by sewage, and were further rendered impure by impregnation from vapours disseminated by escapes from gas-pipes under the pavement of the streets. He condemned in the most unequivocal manner the use of lead cisterns and lead pipes, and said they ought never to be used for the conveyance of water for domestic purposes. He recommended the use of pastoral waters, which were entirely free from pollution of sewage and agricultural impurities. It was becoming essential for the increasing population on the banks of rivers that the supplies of cities should be derived from the waters referred to, as they were not only free from animal *débris*, but were delivered in cities by the force of gravity, and thus saved a large expenditure for pumping.

After some discussion,

The thanks of the department were voted to Dr. Thomson for the valuable information he had afforded them.

Dr. BRYSON read a paper "On Quarantine as a means of Preventing the Spread of Infectious Diseases."

Dr. MILROY read a paper by Mrs. Baines "On Excessive Infantile Mortality," which showed that the amount in England exceeded anything of the kind in the civilized world.

Dr. LEIGH, of New York, attributed the cause of infant mortality in New York to bad milk.

Mr. REYNOLDS said, if a cordon were built round Birmingham, and all population was shut out, if infant mortality increased as it had done during the last ten years, at the end of thirty years Birmingham would become depopulated.

Mrs. WILLIAM FISON read a paper "On the Causes that retard Sanitary Reform in Great Britain," which she attributed to the drinking customs of the people.

Dr. HAUGHTON read a paper "On the Influence of Amusement on the Public Health," which showed the necessity of recreation and amusement.

A discussion took place at Burlington House in the evening on the question of Sanitary Statistics; Professor Lee presided.

FRIDAY, JUNE 13TH.

The department re-assembled this morning, W. Fairbairn, Esq., F.R.S., in the chair.

Sir JOSHUA JEBB read a paper on "Ventilation," which he explained by reference to plans and diagrams, proving that by the use of a particular engine all buildings might be kept at a regular and cool temperature.

The thanks of the department were voted to Sir Joshua Jebb for his able and interesting paper.

Dr. SANDERSON read a paper, being "Observations on the Natural Movement of the Air in Public Buildings similar to Hospitals, and the Application of Artificial means of Ventilation, founded on an experimental inquiry into the ventilation of St. Mary's Hospital, Paddington."

Thanks were voted to the writer for the paper.

The proceedings were brought to a termination on Saturday by a dinner at the Crystal Palace, the President, Lord Brougham, in the chair.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Seven weeks ago I pointed out to Mr. Griffin that "Lord Elcho's Return does *not* represent the figures on which the elements of my scheme are intended to be based. In the former, the non-resident paupers are all *included*; in my plan they are to be (as I have stated) *excluded*. Again, the number of cases treated by the medical officers are estimated, in Lord Elcho's Return, in accordance with the present indiscriminate mode of granting doctors' orders. My plan conditionates that the same sick pauper shall be counted *but once* as a case of sickness during the half year."

The correctness of my calculations, of course, presupposes a correct keeping of the figures pertaining to the several divisions in the Pauper Classification Book. This being obtained, it could not, under my plan, possibly happen (when there are but few non-residents), that the number of *individuals* receiving medical relief could exceed the total number of resident paupers, and "persons having received medical relief only," combined.

Whether it is from an incorrect method of keeping the Pauper Classification Book, or from the frequent repetition of orders to the same individual in the half year, (singly or combined,) I know not; but this is evident, that in Lord Elcho's Return not a few districts, &c., show a large excess of *cases* of sickness over the given number of half-yearly paupers. The Ewell district in the Epsom Union is a conspicuous example. It would appear that *every individual pauper* in this district actually received four or five separate doctors' orders in the year ending March 25th, 1857,—each order, according to the present mode of enumeration, being counted as a separate case of sickness. According to my plan, how many soever the intervals of health, or how many soever the orders he received, the same sick pauper would be counted *but once* as a case of sickness during the, and each, half year. Hence, according to my scheme, the cases of sickness could *never* exceed the "total number of paupers relieved." In order therefore to make the figures in Lord Elcho's Return conform (as nearly as possible) to what *only could* be the *maximum* amount of cases (according to my definition of a case of sickness), no other alternative was left me, in computing the subjoined tables from these said figures, than to apportion 100 per cent. as the ratio of sickness to pauperism, in every instance where, according to this said Return, the excess I have alluded to obtains.

In computing the amount per case produced by both the present salaries, and by Mr. Griffin's plan, I have adhered to Lord Elcho's figures.

With this explanation, I now respond to Mr. Griffin's challenge contained in your journal of the 24th ult. :—

CITY OF LONDON UNION.

	Present salaries.		Dr. Fowler's Plan.		Mr. Griffin's plan.		Difference in the present rate per case produced by— Dr. Fowler's plan.		Mr. Griffin's plan.	
	Per annum.	Per case.	Per annum.	Per case.	Per annum.	Per case.	Increase.	Decrease.	Increase.	Decrease.
	£ s.	s. d.	£ s.	s. d.	£	s. d.	s. d.	s. d.	s. d.	s. d.
Workhouse	175 0	2 6	117 0	1 8	112	1 6	...	0 10	...	1 0
North-East ... ... (Imperfect return.)										
South-East	70 0	1 9	74 0	1 10	123	3 1	0 1	...	1 4	...
South-West	70 0	2 7	98 0	3 4	104	3 7	0 9	...	1 0	...
Central	70 0	2 6	137 0	4 11	100	3 7	2 5	...	1 1	...
EPSOM UNION.										
Ewell	26 0	0 5	61 0	4 7	165	2 9	4 2	...	2 4	...
Sutton	30 0	3 6	45 0	5 3	43	5 0	1 9	...	1 6	...
Carshalton	27 10	1 3	54 0	4 0	89	4 0	2 9	...	2 9	...
Leatherhead	41 0	3 7	64 0	5 8	56	5 0	2 1	...	1 5	...
Cobham and Stoke	24 10	1 5	51 0	3 9	79	4 7	2 4	...	3 2	...
Banstead	70 0	6 11	33 0	3 11	50	5 0	...	3 0	...	1 11
Central and Western ...	76 10	1 10	128 0	4 1	127	3 0	2 3	...	1 2	...
STAINES UNION.										
Cranford	25 0	0 6	72 0	3 0	130	2 8	2 6	...	2 2	...
Bedfont	35 0	0 11	84 0	3 10	118	3 4	2 11	...	2 5	...
Staines and W.	85 0	3 6	126 0	5 3	93	3 10	1 9	...	0 4	...
Sunbury	60 0	5 3	77 0	6 9	57	5 0	1 9	...	...	0 3
Harmondsworth	25 0	3 6	46 0	6 5	36	5 0	2 11	...	1 6	...
Stanwell	30 0	4 9	63 0	10 0	31	5 0	5 3	...	0 3	...
EPPING UNION.										
No. 1...	55 0	12 0	27 0	6 0	22	5 0	...	6 0	...	7 0
,, 2...	21 0	5 3	15 0	3 10	20	5 0	...	1 2	...	0 3
,, 3...	20 0	4 8	9 12	4 0	21	5 0	...	0 8	0 4	...
,, 4...	30 0	5 7	20 0	3 10	26	5 0	...	1 9	...	0 7
,, 5...	71 15	6 0	56 0	4 8	59	5 0	...	1 4	...	1 0
,, 6...	109 0	7 2	68 0	4 5	75	5 0	...	2 9	...	2 2
,, 7...	32 0	4 6	24 0	4 0	35	5 0	...	0 6	0 6	...
,, 8...	25 0	6 8	16 0	4 3	18	5 0	...	2 5	...	1 8
Workhouse	46 0	10 11	35 0	8 4	21	5 0	...	2 7	...	5 11
HIGHWORTH & SWINDON UNION.										
No. 1...	75 0	2 0	120 0	2 10	128	3 0	0 10	...	1 0	...
,, 2 and W.	105 0	2 6	144 0	3 6	127	3 1	1 0	...	0 7	...
,, 3...	55 0	2 6	83 0	3 5	88	4 0	0 11	...	1 6	...
,, 4...	7 14	0 5	76 0	4 9	76	4 9	4 4	...	4 4	...
						Totals	42 9	23 0	30 8	21 9

ANALYSIS OF THE ABOVE TABLES.

Net increase on the total rate per case over Mr. Griffin's, by Dr. Fowler's, plan, 10s. 6d.

	s.	d.
Dr. Fowler's maximum decrease	6	0
,, minimum increase	0	1
Range	6	1
Mr. Griffin's maximum decrease	7	0
,, minimum increase	0	3
Range	7	3
Dr. Fowler's maximum increase	5	3
,, minimum decrease	0	6
Range	5	9
Mr. Griffin's maximum increase	4	4
,, minimum decrease	0	3
Range	4	7
Dr. Fowler's maximum increase	5	3
,, ,, decrease	6	0
Range	11	3
Mr. Griffin's maximum increase	4	4
,, ,, decrease	7	0
Range	11	4

Whilst, therefore, the figures illustrative of the minor ranges show a difference of 1s. 2d. alike to the disadvantage of Dr. Fowler as of Mr. Griffin, these latter figures demonstrate that the *major* range of Mr. Griffin's scheme will actually produce an excess of about two thirds (0·67) per cent. more variation than will Dr. Fowler's in the uniformity and equitability of the per-case payments.

According to my resolve, I decline entering the arena of personalities into which my friend's above-quoted letter would drag me. This is not argument; it is rather a species of circuit-sailing which, if persisted in, will but bring us back to whence we started. Using Mr. Griffin's quotation, I will say—"This is not a mere question of feeling, for if we went into that we should never get out of it; but the question is, how we can best provide an improved system of medical relief for the poor. *We want a scheme which will by its* JUSTICE *overcome opposition.*" And most honestly and truly can I say (as did Mr. Estcourt) "*that is my object.*"

The ex-President was "in favour" of a scheme which, *as does mine*, adopted pauperism as its basis; which, *as does mine*, proposed an element to obviate the objection of the varying ratio of sickness to the uniformity of that basis; which, *as does mine*, left it to the discretion of the guardians to remunerate the medical officers for the distance they in some instances would have to travel. In short, my scheme was devised as a substitute for so impracticable and *impolitic* a plan as the per-case system of payment; to which, we have been authoritatively told (in words which, *three months ago*, I told Mr. Griffin *where* to find), "*that Parliament had so strong an objection that it would be* IMPOSSIBLE *to get them to agree to it.*"*

As regards his latest substitute, I can only express my sorrow that such a "proposed modification of Regulation XV." should have emanated from a man of the calibre of Mr. Griffin. More even than the number of cases would the "duration of illness"

* Morning Chronicle, February 10, 1859.

be at the "discretion of the interested party," especially armed (as we both suggest he should be) with an augmented power of ordering medical comforts. Who shall impugn in this matter the authoritative dictum of the professional attendant? I should think that not one of the whole Poor law medical body would desire his salary to be deduced from a basis which might for ever subject him to a most mischievous and injurious imputation.

It having been hinted that the course I have lately pursued is from antagonism to my friend, I am constrained in my own justification to state, that, *prior* to my last examination before the Select Committee, I made overtures of combination to Mr. Griffin, who felt compelled to decline them. Twice since *analagous* overtures have been proffered and declined. I have not, however, yet done.

There are now virtually *five* schemes of remuneration before the Select Committee; and whereas this controversy has prominently brought out the real working bees, surely it is not impracticable for a committee of advice to be formed, whose eliminative recommendations from the present chaos would at once obtain the confidence of the whole Poor law medical body, and not be too late to be of incalculable assistance to the eventual deliberations of the Select Committee.

I beg therefore to suggest that Mr. Griffin, Weymouth; Mr. Balmer, Leeds; Mr. Wills, Crewkerne; Mr. Meredith, Bath; Mr. Lord, Hampstead; Dr. Rogers, Strand; Mr. Nicholas, Wandsworth; Dr. Ross, West London; and myself, be constituted such a Committee (with or without power to add to our number), to watch over the interests of the Poor-law medical officers.

I am, Sir, your obedient servant,
ROBERT FOWLER, M.D. Edin.

Bishopsgate-street Without, June, 1862.

MR. BASTICK'S PREPARATIONS.

To the Editor of THE LANCET.

SIR,—Lest it should be supposed by my silence that I acquiesced in the criticisms of the writer of an article on the Pharmaceutical and Chemical Products of the Exhibition in the last number of THE LANCET, with reference to the combination of cod-liver oil with quinine, first devised by me, I beg to state that his conclusions, so far as my preparations are concerned, are based on erroneous assumptions.

The writer in question states that "this is a preparation which is not always of the same strength," "for even when prepared by the same process, it will not be always uniform in its composition." Now, Sir, I venture to assert that these comments are utterly destitute of foundation as regards my combination of cod-liver oil with quinine. The writer then states that "in making it the oil is heated in contact with the quinine, by which treatment the quality of the oil is injured, and that of the quinine is not improved." Here are two purely gratuitous assumptions on the part of the critic. I do not employ heat in the manufacture of this preparation, for the simple reason that heat is superfluous. This fact alone involves a refutation of both assumptions; but allow me further to add, in contradiction to the dicta of the writer, that a *moderate* heat will neither injure the oil nor damage the quinine.

Trusting to your proverbial impartiality in giving insertion to these remarks,

I am, Sir, your obedient servant,
WM. BASTICK.

Brook-street, June, 1862.

THE PRIME MINISTER.

To the Editor of THE LANCET.

SIR,—In your last week's issue you have favoured the public with an article headed "A Physiological View of the Premier;" and it may not be uninteresting therefore to you to know what I once heard a very eminent man, and former colleague of the Premier, say on the subject a little before his death.

The late Mr. John Wilson Croker, speaking of Lord Palmerston, said that he had necessarily known him intimately from their long services under the same Government, the one as Secretary to the Admiralty, and the other as Secretary-at-War; that the period at which they had served the country together had been, for the most part, one of great excitement and anxiety; but that he did not think (such was Lord Palmerston's happy temperament) that anything that had ever happened, even in the most difficult times, had interfered for a moment, in the slightest degree, either with his Lordship's appetite or sleep.

Mr. Croker instanced the late Sir Robert Peel as a man of a wholly opposite disposition, saying that whenever any matter of real importance was under consideration or in progress, his anxiety was always painfully intense.

I enclose my card as a guarantee of the authenticity of the anecdote, but shall subscribe myself here,

June, 1862. A FREQUENT READER OF THE LANCET.

THE ASSISTANT REGISTRAR-GENERAL ON MEDICAL CORONERS.

THE following important letter from Dr. Farr was written to a freeholder:—

SIR,—I attach the greatest importance to the office of Coroner, as, when properly filled, it prevents crime, dissipates suspicion, and discovers the causes of death.

Medical knowledge is necessary—firstly, in judging from the preliminary information whether inquests shall be held; secondly, in conducting the inquiry; thirdly, in deciding whether medical or scientific witnesses shall be called; fourthly, in instructing the jury; and fifthly, in returning the causes of death under the Registration Act. Death is in some cases an impenetrable mystery, and in nearly all cases its physiological causes are entirely beyond the ken of non-medical Coroners, who thus are liable to mislead or to misdirect, or to fail in aiding the juries to sift medical evidence, and to return in their verdicts the true causes of death. The object of the office is thus defeated. Inquests were held in England on 21,801 bodies, according to a recent return, and in only 482 cases was the verdict homicide. This shows how many of the inquests are purely medical.

The Coroner's jury instituting only a preliminary inquiry, the accused persons detected were tried by the judges of the land, and 109 were convicted. This part of the procedure is very properly conducted by the highest judicial authorities. The duties of a Coroner are of a totally different character.

Dr. Lankester, in my opinion, possesses all the knowledge of medicine and of jurisprudence which is required to enable him to fill the office creditably to his profession and usefully to the country. I hope to see him elected their Coroner by the enlightened freeholders of Middlesex.

I have the honour to be, Sir,
Your obedient servant,
WM. FARR.

General Register Office, Somerset House, June, 1862.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

AMONGST the various papers of interest communicated to the Academy of Sciences on Monday last was a memoir relative to the substitution of carbonic acid gas for chloroform as an anæsthetic agent. The author, M. Ozanam, four years ago suggested the employment of this gas in painful surgical operations, and stated that it was in action as effectual as, and less dangerous than, chloroform. The case which in the present memoir serves as a *cheval de bataille*, is that of a young man effected with deeply-seated abscess in the lower and inner part of the thigh. As it was found necessary to divide a considerable thickness of tissue before exit could be afforded to the pus, the patient was placed under the influence of an anæsthetic—in this instance, carbonic acid gas. An india-rubber bag was filled with a mixture consisting of three parts of gas and one of common air, which the patient was made to inhale by means of a mouth-piece held at a short distance from the face, so that the proportion of atmospheric air might be considerably increased during the process. At the expiration of two minutes, during which time the breathing became more rapid and the face covered with perspiration, insensibility was complete, and the operation satisfactorily terminated, consciousness returning the moment the anæsthetic inhalation was discontinued. To those who have witnessed the well-known experiment on the dog in the "Grotta del Cane," at Agnano, near Naples, the insensibility will be no matter of wonder; but the question of the applicability of carbonic acid in a general way to surgery is quite another affair, and one the solution of which has been left to the judgment of MM. Andral, Velpeau, and Cloquet.

The abrupt termination of the late academical discussion on the origin of vaccine and its pointless conclusions have been ill-

received by the medical press, and with good reason. The M'Clellan-like caution and cunctation which wait upon our academical decisions are fatal to that reputation for infallibility which every branch of science has some right to share in public opinion. I really believe that, if the learned body talked a little less, it might do a great deal more.

In a work lately published by M. Gastineau entitled "La Comédie Sociale au Dix Neuvième Siècle," there is a curious statistical account of suicides in France. "It has been calculated," he says, "that the number of suicides committed in France since the beginning of this century is not less than 300,000; and this estimation falls perhaps short of the truth, as no exact account had been kept previously to the year 1·36. From 1836 to 1852, that is to say in seventeen years, no less than 52,126 suicides occurred, giving an average of 3066 each year. In 858, 3903 took place, 853 being women and 3050 men; and, according to the last statistics, during the year 1859, 3~99 persons killed themselves, of whom 3057 were men, and 842 women.

Although the verdict given at the Brompton Hospital relative to the utility of the hypophosphites in phthisis was of an unfavourable character, a fact has come to my knowledge which demonstrates that our Transatlantic brethren are very far from participating in the opinions or prejudices which the profession here and in England have more or less adopted since the period at which those experiments occurred. I am informed by M. Swann, the chemist, who seems to enjoy a sort of special monopoly in the manufacture of these drugs, that his house yearly sends many hundredweight of these formerly neglected preparations to the American markets, where they meet wi'h ready sale. To use an expression common "on 'Change," "Hypophosphites are *brisk*." Whilst on the question of relation between demand and supply, let me note the important fact, that whereas, at one time, the increasing rage for mineral hydrotherapy in France bid fair to exhaust our existing resources, the praiseworthy efforts of landowners all over the country have dispelled any such gloomy apprehensions. Handbills, circulars, newspapers, and gigantic placards daily announce to the suffering public the recent discovery of some St. Ronan's well or other, the healing virtues of which are as boundless and comprehensive as are the attributes of the "vegetable pill." Thus late in the day, like a duck of slowly developed instincts, *quackery* has taken to water. Hardly a single parish, from the Vosges to the Pyrenees, but possesses its own miraculous spring. The handbills and circulars above referred to, of which I might form a curious album, are for the most part worded in the same formula, and illustrated according to the same model. The sanguine artist depicts in flaming colours the portrait of the *établissement*. The favourite style of architecture appears to be a combination of the florid cottage chalet order, tempered with a dash of Grecian. A portico with stuccoed columns, flanked and overshadowed by a many-gabled roof, with an accompaniment of latticed windows and open balconies, mostly characterizes these temples of Hygeia. The pleasure-grounds, or jardins Anglais, are neatly laid out as kitchen gardens, and between the rows of tastefully disposed cabbages, groups of elegantly dressed and gratified valetudinarians are seen gracefully to beckon the sceptical sufferer to a participation in their hygienic privileges.

Paris, June 17th, 1862.

THE FUNERAL OF THE LATE MR. WAKLEY.

On Saturday last the earthly frame of Thomas Wakley was consigned to the grave. He was stricken by the hand of death on the very spot where he had sought restoration to health, and at the moment that he was about to return with the semblance of renewed vigour. The body was embalmed and conveyed to this country. The funeral took place at Kensal-green Cemetery. In accordance with the last wishes of this true-hearted and unostentatious man, his obsequies were strictly private, and attendance was confined to the members of his family and a few of his most intimate and valued friends.

ADMISSION OF WOMEN TO ACADEMICAL DEGREES.—At a recent meeting of the Senate of the University of London, a young lady petitioned to be admitted as a candidate for a medical degree. On a subsequent meeting, the Vice-Chancellor, Mr. G. Grote, moved a resolution to that effect. The votes were equal for and against the motion, but on the Chancellor giving his vote for the "noes" it was lost.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the Comitia Majora held on the 14th inst., the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Alworthy, Charles, Bishop Auckland.
Atwell, Gregory Haines, Campden-hill Villas, Kensington.
Carpenter, Robert Henry Spencer, Durham.
Cotton, Thomas, M.D., Spalding.
Garstang, Walter, M.D., Blackburn.
Lloyd, Nathaniel Hellings, Tiverton, Devon.
Moore, Edward, Charles-terrace, Victoria-park.
Newcombe, James, M.D.
Pridham, John Williams, Ringwood.
Stevenson, Thomas, Ralston, Yorkshire.
Worthington, Francis Samuel, Lowestoft.

The following gentleman passed the First Part of the Professional Examination for the Licence on the 6th inst.:—

Harley, Edward, King's College.

On the retirement of Dr. Mayo from the office of President of the Royal College of Physicians of London, the following resolution was unanimously agreed to by the Fellows:—"That the sincere and cordial thanks of the College be returned to Dr. Mayo, the late President, for the indefatigable zeal and entire devotion, the never-failing courtesy, and the dignity with which he has presided over the College during upwards of five years, and especially for his great and disinterested services in promoting and carrying into effect, during his period of office, important changes in the state and constitution of the College."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 12th inst.:—

Braine, Robert Speir, Nova Scotia.
Cann, Thomas Martyn, Virginstowe Rectory, Devon.
Carter, Jabez, Bedford.
Ellison, Samuel Kitching, Poplar.
Freeman, Alfred, Kennington.
Lawrence, George Richard, Faccombe, Hants.
Manock, Stephen Joseph, Calcutta.
Moss, Charles Philip, St. Helena.
Mulock, George Berry, Dublin.

NEW FELLOWS.—The following Members of the College, having undergone the necessary examination, were admitted Fellows, at a meeting of the Council on the 13th inst.:—

Bankart, James, Guy's Hospital; diploma of Membership dated Dec. 22, 1858.
Barratt, Joseph Gillman, Cleveland-gardens, Hyde-park; May 31, 1861.
Catt, Alfred, Brighton; July 15, 1859.
Chester, Arthur, Assistant-Surgeon of the 74th Regt.; April 28, 1858.
Coutts, Edward, Camden-road Villas, Camden-town; July 11, 1845.
Ferguson, George, Giltspur-street, City; May 4, 1837.
Fletcher, James Ogden, Lever-street, Manchester; Oct. 6, 1848.
Streatfeild, John Fremlyn, Upper Brook-st., Grosvenor-sq.; June 11, 1832.
Wordsworth, John Cawood, Queen Anne-street, Cavendish-square; April 11, 1845.

The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 13th inst.:—

Dale, George Cornelius, Adelaide-terrace, Bayswater; diploma of Membership dated March 14, 1833.
Pritchard, Thomas, Park-gate, Essex; April 23, 1830.
Sadler, Samuel Camperowne, Purton, Wilts; April 6, 1832.
Sherwin, William, Sydney; July 7, 1826.
Thimbleby, John, Spilsby; April 23, 1840.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 12th inst.:—

Davies, William, London Hospital.
Morgan, Edward, Middlesex Hospital.
Procter, James, University of Edinburgh.

As an Assistant:—

Jones, Watkin William, Cardigan.

The following gentlemen also on the same day passed their first examination:—

Grewcock John Baily, University College.
Purvis, John Prior, St. Thomas's Hospital.

CAMBRIDGE UNIVERSITY, JUNE 12TH.—Sherlock Willis, M.D., of Magdalen College, Oxford, was admitted *ad eundem*.

OXFORD UNIVERSITY, JUNE 7TH.—Baines Wood, of Trinity College, received a degree of M.D.

VERMIFUGE.—The Areca nut is a valuable vermifuge for the dog.

WEST OF ENGLAND INSTITUTE FOR THE DEAF AND DUMB, EXETER.—A new wing has just been added to this institution.

ABERDEEN LUNATIC ASYLUM.—The new asylum at Elm-hill is now nearly finished. It promises to be one of the most complete asylums in the kingdom.

OPHTHALMIA.—We regret to learn that this complaint is very prevalent in cantonments. Her Majesty's 95th Regiment is suffering severely from it.

CHARING-CROSS HOSPITAL.—On Thursday evening, the 12th inst., additional wards were opened at the Charing-cross Hospital, to be called the "Children's Wards."

HOSPITAL NURSING.—University College Hospital has followed the example of King's College, and placed its nursing department under the care of a sisterhood of nurses.

HEALTH OF LIVERPOOL.—At the meeting of the Board of Health on Thursday last, the medical officer stated that the mortality for the week had been less than for any week during the previous eighteen months.

THE MEDICAL USE OF MALT.—Malt, as a medicinal agent, has been used in Germany in bronchitis and dyspeptic affections. It is also used in the form of a powder, taken into the stomach, or added to warm baths.

CENTENARIANS.—Last week, a widow aged 108 years died at a cottage at Edge-hill, Liverpool. And a man, named Thos. Hanahoe, died at Carramore, on the 29th ult., aged 105 years.

CAUTION TO TOXICOLOGISTS.—Mr. Wicke calls the attention of toxicologists to the fact that some filtering papers contain lead. A piece four inches square yielded him a distinct precipitate of sulphide of lead.

THE DEFECTIVE SANITARY STATE OF PORTSEA has caused the spread of typhus fever of a virulent character. Representations have been made to the authorities to induce them to undertake the necessary sanitary reforms.

THE SMALLEST CHILD.—Barnum is said to have the smallest baby in the world at his museum in New York. It is a boy, eight months old, weighing only twenty-three ounces, well-formed, and healthy.

ROYAL ORTHOPÆDIC HOSPITAL.—The twenty-fourth anniversary of this institution was held at the London Tavern on Thursday, the 12th inst. Number of patients during the year, 1900. The amount of subscriptions announced during the evening was £3300.

CHANGE IN TYPE OF DISEASES IN CATTLE.—Professor Gamgee says that by the constantly improving condition of the land, and even by the great improvements in the breeds of our animals, they are acquiring new diseases very fatal in their nature, and old diseases are presenting themselves in greater severity.

PARAFFIN.—The strong alkalies, potash and soda, which convert oils and fats into soap, do not exert any such action upon paraffin. It is as white as the purest bleached wax, and makes candles of great illuminating power, to which the most beautiful red, purple, and violet tints are imparted by aniline colours.

WATER AT RUGBY.—The water which at a great expense has recently been obtained is totally unfit for ordinary domestic use. It is, however, an efficient saline purgative, and the small quantity of bromine, iodine, and lithium may enhance its therapeutic qualities.

YELLOW FEVER AT THE WEST COAST OF AFRICA.—Bonny and New Calabar have been visited with the worst attack of yellow fever known for thirty-six years. Out of 140 whites, 75 have died within a month. Amongst the natives the mortality has been still greater.

THE KENT COUNTY OPHTHALMIC HOSPITAL.—The Earl of Romney has presented to this hospital a house immediately adjoining it, known as the Trinity House. A special meeting of the governors is summoned to consider the means of purchasing the ground on which it stands, for which £200 is required.

EFFECTS OF FROST ON THE HUMAN BODY.—There is a very important paper on this subject in the *American Medical Monthly* for March, by Dr. Robert Nelson, of New York, in which he shows that many of the prevalent views regarding the influence of frost on the animal economy are quite erroneous.

A MEDICAL REFORMER.—A case was tried in the Liverpool County Court on Monday (Cartmel *v.* Hamilton) in which the defendant was sued for payment of the rent of a room which he had hired for his lectures. He had to address empty benches, and was therefore reluctant to pay the rent. He claimed the courtesy of the court on the plea of being a medical man, having a right to practise, although, as his diploma was American, he could not recover in England. The judge declared that the defendant had no right either to practise or recover fees, and condemned him to pay the claim and costs.

MEMORIAL TO THE LATE MR. FOTHERGILL.—On Whit-Tuesday a memorial was inaugurated in honour of the memory of the late Mr. Fothergill, at Darlington, his birthplace. As he was the founder and president of the Darlington Temperance Society, the memorial appropriately takes the form of a Drinking Fountain. It is of elegant design and substantially executed. The design was by Mr. Septimus Hird, a young and talented architect, who was unhappily drowned last summer. One of the sides bears this inscription: "Erected in memory of the late John Fothergill, M.R.C.S., who was born May 13th, 17-5, and died January 29th, 1858." The sons of the venerable surgeon assisted at the ceremony, which was attended by a large concourse of the inhabitants of Darlington and its neighbourhood.

THE CORONERSHIP OF MIDDLESEX.—An official order has been published by her Majesty in Council, that those parts of the county of Middlesex for which coroners are elected under writs *de coronatore eligendo* shall be divided into three districts for the purposes of the Act, to be respectively named "the eastern district," "the central district," and "the western district," and to comprise the several parishes &c. set forth in a schedule. The court for the election of a coroner for the eastern district is to be holden at Bethnal-green; that for the central district at Marylebone; and that for the western district at Brentford.

ROYAL NAVAL HOSPITAL, MALTA.—During the recent short sojourn of his Royal Highness the Prince of Wales at Malta, he visited the Naval Hospital on the 7th inst., accompained by the Governor, the Admiral, and some members of his suite. He was received on landing by the Deputy Inspector-General, Dr. Armstrong, by whom the officers of the establishment were presented to his Royal Highness. He then visited the wards, officers' cabins, stores, and every part of the hospital, made many inquiries as to the mode in which the duties of the institution were carried on, and, at the conclusion of his visit, expressed to Dr. Armstrong the pleasure it had afforded him, and spoke in the highest terms of the state of the hospital. His Royal Highness then honoured Dr. Armstrong with a visit at his private residence, whence he subsequently embarked and proceeded on board the *Osborne*, and left soon afterwards. Dr. Armstrong, who was about to proceed on leave of absence, had the honour of accompanying his Royal Highness to England.

ROYAL MEDICAL BENEVOLENT COLLEGE.—The tenth annual festival of this valuable charity took place on Wednesday, when a company of about 120 gentlemen connected with the medical profession dined together at Willis's Rooms, under the presidency of the Right Hon. the Earl of Powis, who was supported by Lord Chelmsford, Dr. Robinson, the Master of the Temple, Rev. P. Holden, Dr. Merriman, Messrs. H. Pownall, J. Propert, F. Hird, H. Hancock, W. Sankey, J. F. Clarke, F. Webb, S. Tillett, J. Nicholson, &c.

The Chairman, in giving the toast of the evening, "The President of the Royal Medical Benevolent College (Lord Chelmsford), and Success to the Medical Profession," observed that no one could overvalue the enormous benefits conferred upon mankind by that profession. It was the first condition of success in any profession that it should foster an *esprit de corps*, and he rejoiced to see the most eminent members of the medical profession meeting here with the humblest student. The attainments of members like Sir B. Brodie, or Sir H. Holland, added lustre to one of the noblest occupations which had ever engaged the attention of the world. Institutions of this kind were most valuable, and he looked upon the present as one of the greatest and most noble educational establishments of the land.

Lord Chelmsford said it was a high gratification to him to acknowledge his connexion with so valuable an institution as the present. The want of such had been established by its wonderfully rapid growth. The institution appeared to have sprung full blown from the brain of its excellent founder, Mr. Propert. (Cheers.) It had bound up many a broken heart; had dried the tears of many an orphan; and had sheltered them

from the hard treatment of the world. (Cheers.) But it was in the admirable education which it provided for the young that its chief beauty lay. He gave it his hearty support; and he earnestly wished the institution might flourish, and as it depended upon their own exertions, he was convinced that it would continue to do so. (Cheers.)

Mr. Propert then read the list of subscriptions, which amounted in the whole to £2600.

"The Health of the Chairman" was then cordially drunk: and various other toasts having been given and responded to, the company separated.

KING'S COLLEGE HOSPITAL.—The annual festival was celebrated at the Albion Tavern, on the 12th inst. The Lord Mayor presided. Since the first opening of the hospital in 1839, nearly half a million patients have been treated, of whom upwards of 27,000 were in-patients. In the last year 39,523 patients received the benefits of the hospital, the cost of maintaining which was between £6,000 and £7,000. To meet that large annual expenditure the only certain amount upon which the managing committee could rely was £2,000, including £1,500 arising from annual subscriptions. There remains, therefore, the considerable sum of between £4,000 and £5,000 to be raised by voluntary contributions in the course of each year. The amount arising from legacies and bequests to the hospital during the last year was £7071 10*s.* 6*d.* In proposing "Prosperity to King's College Hospital"—the Lord Mayor expressed the surprise that he felt upon visiting the new building to find that although the cost had been £100,000, that amount had been already raised; and he had no doubt that the same energy which had achieved that result would enable the managers to extend the building from 150 to 200 beds. At the same time it was an important fact to be considered that the annual subscriptions only amounted to £1500, while the expenditure exceeded four times that amount. Dr. Jelf, the principal of King's College, proposed the "Health of the Foreign Visitors," to which M. Ducpetiaux responded in French, expressing his astonishment and admiration of the numerous benevolent and charitable institutions that were the ornaments of London. A long list of subscriptions and donations was read, which amounted in the aggregate to upwards of £2000, it being remarked that there was a great increase in the number of annual subscriptions.

AN INDIAN MEDICAL GRADUATE.—It is with much pleasure we notice (says the *Bengal Hurkaru*) that Baboo Chunder Coomar Dey, at the late university examination, obtained the degree of Doctor of Medicine, the first ever conferred in this country. The examination was of an exceedingly rigid character, and we congratulate this young man on the distinction he has so honourably gained. He has pursued his medical studies chiefly under the tuition of Dr Goodeve. He is, we are told, proficient in seven languages, and in 1856 translated a German work into English. We shall always feel pleasure in recording similar instances of ability and its rewards, affording, as they do, such example to the young students of India.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JUNE 14TH.—The weekly number of deaths in London has shown no fluctuation in the last three weeks. In the last week of May the number was 1119, the next return gave 1114, and that for last week again 1119. Typhus was fatal in 82 cases, the corrected average being 40. Of that number there were 39 returned as "typhus," 16 as "typhoid fever," 17 as "fever," the remainder under other designations. 49 deaths were caused by measles.

Births last week were—Boys, 900; girls, 882. Total, 1782.

Obituary.

DR. KNIGHT, OF STAFFORD.

EDWARD KNIGHT, the third son of the Rev. John Knight, vicar of Milwich and incumbent of Fulford, in the parish of Stone, was born in October, 1780, and from his earliest youth was designed for the medical profession. He studied successfully at Edinburgh at a time when that great school of medicine was renowned for its teachers in every branch of medical science, and he subsequently enjoyed all the peculiar advantages obtainable by diligent students at Guy's Hospital, London, where such celebrities then ordinarily lectured as Fordyce, Baillie, Cruickshank, Cline, and Astley Cooper. He was, moreover, a private pupil of the late Mr. Keate, and his most intimate friend was Dr. Paris, the late president of the College of Physicians. For several years Dr. Knight was an army surgeon, and highly distinguished himself both at home and abroad. From 1815 Dr. Knight took up his permanent residence at Stafford, and soon became, as he well deserved to be, a widely-practising physician. His scientific attainments were considerable, and he united to these a practical soundness of judgment which results from well-weighed experience, and which never fails to create confidence. Constantly keeping up his acquaintance with the alleged improvements in medical art, he nevertheless exercised a wise discretion in refusing to adopt novelties which did not accord with his sober and matured convictions. We can affirm with truth, that for nearly fifty years Dr. Knight has been looked up to as a highly-prized consulting physician in Staffordshire and the neighbouring counties. His skill was never questioned, his zeal and sympathy were remarkable towards his patients of every class, and his gentlemanly and ingratiating manners made him acceptable in those higher circles where the union of urbanity with medical ability is indispensable. But above all other characteristics of Dr. Knight as a physician was his boundless benevolent attention to the sick poor. Of all our professions, medical men are, as a rule, by far the most liberal in the exercise of their art, and it will be generally admitted that other professional bodies, as a whole, cannot stand a moment's comparison with the general disinterestedness of kindly-disposed physicians and surgeons. Dr. Knight was emphatically the medical friend of the poor, and innumerable witnesses would readily attest the truthfulness of the title here advisedly assigned him.

Dr. Knight's illness was brief, but from the outset presented symptoms of pleurisy, with which his advanced years left not sufficient strength to contend. He died placidly, surrounded by his affectionate family, who deplore his loss, and will long cherish his memory.—*Abridged from a Stafford Paper.*

MEDICAL VACANCIES.

THE election of a Physician for St. Luke's Hospital for Lunatics will take place on the 11th of July next.

A Resident Surgeon is required for the Workhouse of St. Pancras, Middlesex.

MEDICAL APPOINTMENTS.

DR. ARTHUR B. HARRIS has been elected Surgeon to the Royal Cornwall Sailors' Home, Falmouth.

Dr. T. Hillier has been appointed Physician to the Hospital for Sick Children, Great Ormond-street, vice Dr. Jenner, resigned.

Mr. J. Bubb has been appointed Surgeon to the Dispensary Department of the Cheltenham General Hospital, vice Mr. C. J. Hawkins, promoted to be Surgeon to the Hospital.

Mr. G. Taunton has been appointed Surgeon to the City Gaol, Oxford, vice Mr. W. Rusher, deceased.

Mr. G. Hitchings has been elected Medical Officer for the Workhouse and the Headington District of the Headington Union, Oxfordshire, vice Mr. W. Rusher.

Mr. H. Sutcliffe has been elected Assistant House-Surgeon to the Infirmary and Dispensary, Bradford, Yorkshire, vice Mr. A. Wright, promoted from Assistant House-Surgeon to be House-Surgeon.

Mr. R. S. Nightingall has been elected Medical Officer for the Lowestoft District of the Mutford and Lothingland Incorporation, Suffolk, vice Mr. E. Crickmay, resigned; but having declined the appointment it still remains vacant.

Mr. B. W. Anderson has been appointed Apothecary to the Meath Hospital and County Dublin Infirmary, vice Mr. J. J. Parr, deceased.

Mr. G. H. Whymper and Mr. F. P. Palmer have been re-appointed Medical Officers to the Walsall Union, Staffordshire.

Births, Marriages, and Deaths.

BIRTHS.

On the 10th inst., at Sunderland, the wife of G. Blacker Morgan, Esq., L.R.C.S.I., of a daughter.

On the 11th inst., the wife of S. Oliver, L.R.C.P.E., of Burton-street, Eaton-square, of a son, still-born.

On the 14th inst., at Notting-hill-square, Notting-hill, the wife of Robert Jackson, M.D., of a son.

MARRIAGES.

On the 5th inst., at Holy Trinity Church, St. Marylebone, W. J. Preston, M.D., of Belsize-road, to Mary, daughter of R. Wade, Esq., of Albany-terrace, Regent's-park.

On the 12th inst., at Merton Church, Surrey, Allen A. Duke, M.D., of Upper Norwood, eldest son of Allen Duke, M.D., of Chichester, to Mary Sarah, only child of the late Rev. Esser Henry Bond, of Merton.

DEATHS.

On the 19th ult., at Antigua, Caroline Sophia, the wife of Adam Nicholson, M.D., and only daughter of the late D. B. Darling, Esq., aged 29.

On the 9th inst., at Crawley, Sussex, Thomas Smith, Esq., M.R.C.S., aged 58.

On the 12th inst., Walton Kent, Esq., L.S.A., of Walsham-le-Willows, Suffolk, aged 60.

Medical Diary of the Week.

MONDAY, JUNE 23	ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M. ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
TUESDAY, JUNE 24	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Gulliver, "On the Blood of the Vertebrata." ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Mr. Salter, "On Amaurosis."—Dr. Goodfellow, "On Arterial Obstruction."—Mr. Spencer Wells, "On a Syphon-Trocar for Ovariotomy."—Mr. Holmes Coote, "On a Case of Rupture of Left Ventricle." — Mr. French, "On Treatment of Boils."
WEDNESDAY, JUNE 25	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
THURSDAY, JUNE 26	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M. WEST LONDON HOSPITAL.—Operations, 2 P.M. ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Gulliver, "On the Blood of the Vertebrata."
FRIDAY, JUNE 27	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, JUNE 28	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M. ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Gulliver, "On the Blood of the Vertebrata."

To Correspondents.

F.R.C.S.—In justice to Mr. Bishop, it is only right to state for the information of the country Fellows of the Royal College of Surgeons, that he was partly instrumental in extending to them the Fellowship, and it would seem ungracious that they should now make use of their privilege to vote against him. It must also be borne in mind that Mr. Bishop was the only member of the Council who had cultivated the Mathematics of Natural Philosophy, and therefore able to judge of the extent to which the students should be required to proceed in Mathematics in their preliminary studies. How successfully Mr. Bishop applied his knowledge to animal mechanics, the "Cyclopædia of Anatomy and Physiology" will testify.

T. G.—It is the French and German sulphide of antimony which contains sulphide of arsenic. Care should be taken, therefore, if the former be used internally, what commercial preparation is employed.

J. C.—He is a highly respectable practitioner.

Enquirer, (Blandford.)—The office is situate in Southampton-place, Bloomsbury.

MR. WAKLEY AND MR. HERBERT MAYO.

To the Editor of THE LANCET.

SIR,—One of your contemporaries, in an article respecting the late Mr. Wakley, has related an anecdote, which in its main statements is so incorrect that I venture to trouble you with a line on the subject.

In the year 1838, Mr. Mayo had identified himself in a very prominent manner with the absurdities of animal magnetism. He carried his views to such an extent, that their publication was the cause of sincere regret to his friends, and of ridicule to the profession in general. THE LANCET criticized the opinions of Mr. Mayo with extreme but justifiable severity.

In 1839, Mr. Wakley was elected Coroner for Middlesex, and at one of the first inquests he held at the Middlesex Hospital it was necessary to summon Mr. Mayo as a witness. Smarting under the castigation he had lately received, Mr. Mayo so far forgot himself as to insult the Coroner whilst in the execution of his duty. Mr. Mayo's conduct was so intemperate, that the Coroner was under the necessity of threatening the offending witness with committal for contempt of court. Mr. Mayo took the unprecedented step of sending a hostile message to the Judge. The writer of the article to which I have alluded speaks of Mr. Mayo as a man of great astuteness and audacity. That he was audacious, none will deny, but few will admit that an astute man would have committed so silly an action. Poor Herbert Mayo was a great anatomist and physiologist, an admirable teacher, and an accomplished man; but his whole life afforded proofs that, so far from being astute, he was lamentably deficient in common sense. Had he been an astute man, he would have kept the eminent position which he had attained, and would not have died in a foreign country, the ardent supporter of mesmerism and other quackeries.

Yours obediently,
AN OLD STUDENT OF THE MIDDLESEX HOSPITAL.

Yorkshire, June, 1862.

Students, (Birmingham.)—Hitherto the question as to a general absorbing power possessed by the skin has been more usually answered in the affirmative than in the negative, though there have always existed physiologists who have disbelieved in such power. The recent experiments of Dr. Murray Thomson, of Edinburgh, in themselves would appear to fully substantiate the non-existence of cutaneous absorption. The paper of Dr. Murray was lately read before the Royal Society of Edinburgh, and will well repay perusal.

NARDOO-SEED.

To the Editor of THE LANCET.

SIR,—In answer to Mr. Reed's inquiries as to the nardoo plant recently discovered in Central Australia, I have sent a few extracts from Mr. King's narrative, as published in the *South Australian Register* for November 26th, 1861, which was sent to a friend of mine with some of the seeds, and which I believe contains the whole amount of knowledge at present possessed on the subject. The seeds, which are oval, of a dark-brown or nearly black colour, and stalked, evidently belonging to the order Leguminosæ, are now being cultivated by the gardener of J. H. Langston, Esq., M.P., who, I have no doubt, will bring them to perfection, when I shall be able to report more at length on the characters and properties of the plant.

Extracts from Mr. King's Narrative.

"The exploring party on reaching Cooper's Creek consisted of Messrs. Burke, Wills, and King, with two camels. One of the camels getting bogged, they were obliged to shoot it, and thought it prudent to give the other a rest before pushing on to the south. 'During the time the camel rested, Mr. Burke and Mr. Wills went in search of the natives, to endeavour to find out how the nardoo grew. Having found their camp, they obtained as much nardoo-cake and fish as they could eat; but could not explain that they wished to be shown how to find the seed themselves. They returned on the third day, bringing some fish and nardoo-cake with them.' On the next day the last camel, being on the point of dying, was killed, and cut up with two broken knives and a lancet, 'and Mr. Burke then made another attempt, saying, If we do not find it we shall certainly starve.' In their attempt to reach the South Australian settlements, the narrative goes on to say, 'We had not gone far before we came on a flat where I saw a plant growing, which I took to be clover, and, on looking closer, saw the seed, and called out that I had found the nardoo. They were very glad when I found it.' Being obliged to return, 'we gathered some nardoo, and boiled the seeds, as we were unable to pound them.' The party being unable to proceed, and having no provisions, it was decided to join the natives, and live with them. 'On coming to the gunyahs (native huts), where we expected to have found them (the natives), we were disappointed, and seeing a nardoo field close by, halted, intending to make it our camp. For some time we were employed in gathering nardoo, and laying up a supply. Mr. Wills and I used to collect and carry home a bag each day, and Mr. Burke generally pounded sufficient for our dinner; but Mr. Wills found himself getting very weak, and was shortly unable to go out to gather nardoo, or even strong enough to pound it, so that in a few days he became almost helpless.' Mr. Burke and Mr. Wills having both died from exhaustion, Mr. King succeeded in joining the natives, where his surgical knowledge stood him in good stead. 'The same day one of the women, to whom I had given part of a crow, came and gave me a ball of nardoo, saying she would give me more only she had such a sore arm that she was unable to pound. She showed me a sore on her arm, and the thought struck me that I would boil some water in the billy, and wash her arm with a sponge. During the operation the whole tribe sat round, muttering to one another. After I had washed it, I touched it with some nitrate of silver, when she began to yell, and ran off, crying 'mokow, mokow!' (fire, fire!) From this time she and her husband used to give me a small quantity of nardoo night and morning.' Mr. King was released from the natives in little more than a month by the mission sent out in search of Mr. Burke."

It will be seen from the foregoing that Mr. Reed's idea of the seeds being poisonous is entirely erroneous.

I am, Sir, yours obediently,
Chipping Norton, June, 1862. J. C. HARRIS, M.R.C.S.

Obstetricus.—We agree with our correspondent, that the issue of circulars from institutions professing legitimate connexion with the medical profession, touting for subscriptions by the parade of cases of "Nymphomania" and other sexual afflictions, is discreditable and reprehensible.

THE letter of *Mr. Allingham* shall receive attention in our next.

Vermis.—Chloride of lime may be tried. Many kinds of insects and vermin are said to immediately quit places where it is sprinkled.

GUY'S HOSPITAL BIENNIAL DINNER.

To the Editor of THE LANCET.

SIR,—I am surprised to find by Mr. Bryant's letter, in reply to your correspondent, "D. G. M.," that the Guy's Hospital festival *did* take place this year!

I can only say that, although I have invariably attended these meetings since the year 1829, and have acted as steward on every occasion since 1832, I received no notice of it, nor saw it advertised!

Perhaps other gentlemen will inform me if they have been thus prevented attending on the last occasion. Yours obediently,
June, 1862. AN OLD STUDENT OF GUY'S.

An Operating Surgeon will find information on the subject in Dr. Bennet's work on the Diseases of the Uterus, and Mr. Brown's volume on Surgical Diseases of Women.

M.D. St. Andrews.—Yes, he can so designate himself.

A Provincial Surgeon.—The demonstrations of the laryngoscope at King's College Hospital are now at an end. Dr. Czermak will leave England in a fortnight.

THE CAUSES OF HÆMORRHOIDS.

To the Editor of THE LANCET.

SIR,—In your journal of the 24th ultimo, Dr. T. C. Wood mentions that the free use of printed paper frequently produces disease of the lower part of the rectum; men, "for a reason," suffering most.

As Dr. Wood has paid considerable attention to the above disease, doubtless many of your provincial subscribers will be glad to learn the remedy, and for what reason men should suffer most.—Yours obediently,
Narborough, June, 1862. MAURICE G. EVANS, M.D.

J. A., M.R.C.S. of 1840 is mistaken in the purport of our remarks. Our object was to condemn the College of Surgeons for not carrying out the regulations which they had voted for in the General Council. We offered no opinion as to the value of the rules they had formed for their own guidance, but reprobated their inconsistency and selfishness.

WHO is *Bayswater?* Let him append his name and address to his letter, and it shall appear in our columns. An anonymous attack would be neither just nor wise. The institution may be open to serious objections; but "Bayswater" is evidently not a fit person to sit in judgment upon it.

F.R.C.S.—All the Fellows are entitled to vote.

M.D. and M.R.C.S., (Barbadoes.)—1. The time has not yet been announced.—2. Most probably so.

Dr. Edward Young, (Salisbury.)—We shall not lose sight of the case.

INFLUENCE OF IN-AND-IN BREEDING.

To the Editor of THE LANCET.

SIR,—I have been rather startled at the results of in-and-in breeding described by your correspondent, "Thomond," and the more so as a couple of beagle whelps, whose parents were taken from the same litter, are at the present moment gnawing at my slippers. Rose and Crab, who are neither deficient in sense or self-esteem, have a right to consider themselves very b autiful and perfect specimens of their race, notwithstanding that their parents were too nigh *sib*. I have many times bred greyhounds and other animals, without producing the re-ults described by "Thomond." What I have observed is, that the offspring is often remarkably handsome, showing the finest peculiarities of breed in an eminent degree; but generally with a deficient size, and always with a deficient constitution, and this I take to be the real curse of in-and-in breeding. The procreative power, depending upon the constitutional vigour, is lost, and the second crop is either barren or is likely to produce the abortions described by your correspondent. I quite agree with him in deprecating the union of cousins, and I even believe that the second crop of cousins would physiologically be far more pernicious than the first crop of brother and sister, because, from the decay of procreative power, the deterioration in the second step is not the double, but the square of the first. On this account I would never use an in-and-in bred animal of any kind for the purposes of breeding, even with animals of stranger blood. For this reason I have during the present month sent some perfect Fisher Hobbs sows to the butcher, which would certainly have been kept for breeding had they not been the produce of brother and sister.

The frequent fact that the offspring of the second crop is barren, or the offspring not viable, is a sufficiently strong hint from Nature that in-and-in breeding is a course of proceeding tending to evil results. It is thus that Nature often stops the course of evil; thus she forbids different species to intermix, and thus she prevents the perpetuation of some forms of vice and disease. Would that her rule in this respect were more stringent, and that she would thus bar the perpetuity of evil!

Surely the law of perfectibility would be discovered if only the strong and good could procreate fruitfully, since only the strong and good can procreate beneficially. "Fortes creantur fortibus et bonis." What an advance would a few generations see in our race, if not only the decay arising from in-and-in breeding, but the breeding also of phthisis and other forms of disease, the breeding of madness, the breeding of drunkenness and all kinds of vice were arrested by early sterility. That they are eventually so arrested, has been much dwelt upon by a French philosopher, Morel; but the pity of it is that the arrest comes too late to foreclose the issues of a world of crime and misery.

I am, Sir, your obedient servant,

June, 1862. EXONIENSIS.

To the Editor of THE LANCET.

SIR,—I send the following, being convinced that causes other than in-and-in breeding produce malformations in the canine race:—

Some time since a friend of mine had a spaniel bitch, which had, by a male spaniel not related to her, four litters in succession, the whole numbering sixteen pups, which were all defective or malformed. She was afterwards put with the son (by another bitch) of the aforesaid dog, by which she had two litters. In the first were two pups, both malformed. In the second, three, all perfect: one of these lived six months, another two years, and the third went mad.

"Now in this land, where dogs abound,
For many dogs there be,
Both mongrel, puppy, whelp, and hound,
And curs of low degree,"

facts bearing on this point, I should think, might be brought forward in abundance.

Yours, &c.,

June, 1862. CYON.

The General Medical Council of Registration and Education.—Two very able and elaborate articles on the proceedings of the Medical Council appeared in the *Edinburgh Evening Courant* of the 12th and 14th inst. The writer is evidently a man well acquainted with the various subjects of which he treats.

THE letter in reference to a trial which will come off at the sittings after term shall receive attention.

Mr. J. D. H. Durham.—Claret is a more acid wine than port.

THE ADMINISTRATION OF CHLOROFORM.

To the Editor of THE LANCET.

SIR,—I beg to state that one simple rule for the proper administration of chloroform is frequently neglected by persons who perhaps have never seen the drug administered in hospitals, or who most probably have never paid attention to the various writings upon the subject. The rule I refer to is, that the patient should be placed in the recumbent posture; otherwise the heart, being enfeebled by the anæsthetic, might not be able to propel the blood to the brain with sufficient force, and fatal syncope would result. Before proceeding to perform minor operations, it is, *mirabile dictu*, the fact that men are to be found who do not hesitate to administer chloroform to their patients when seated on chairs or sofas, heedless whether they may have taken a recent meal or not!

I am, Sir, yours, &c.,

ONE WHO MIGHT HAVE BEEN A WITNESS TO THE INFRINGEMENT OF THE ABOVE RULE

June, 1862. UPON SEVERAL OCCASIONS.

ARSENICAL PAPER-HANGINGS, FLOWERS, AND DRESSES.

IN our notice of the papers read before the meeting of the Social Science Association, we omitted to include that communicated by Dr. Hassall, entitled, "On the Employment in the Arts of Arsenite of Copper or Scheele's Green, and other Poisonous Pigments." In this paper the injurious consequences of the use of Scheele's green in the colouring of paper-hangings, artificial leaves and flowers, muslin dresses, &c., were strongly enforced.

E. C. D. shall receive the information if he will send his name and address.

MORTALITY AFTER AMPUTATIONS.

To the Editor of THE LANCET.

SIR,—The question of mortality after amputations has of late been considerably before the profession. In connexion with this subject, I know one hospital where, from the year 1844 to 1849, no case of amputation was attended by a fatal result. The cases of amputation were during that period of more than average frequency; many of them were in-patients, with other severe injuries, and a few of them were double. Their greater number was owing to a succession of fearful casualties in driving a long railway tunnel through a conglomerate rock, in addition to the accidents incident to a terribly overcrowded station in the town, and the formation of two important branch railways. The operations were almost uniformly performed by the circular method, and with perhaps more than ordinary deliberation.

I am, Sir, yours, &c.,

June, 1862. W.

A Practitioner.—We differ from our correspondent. The remarks of Dr. Willshire (THE LANCET, p. 574), relative to the comparatively slight mischief resulting from the entrance of air into the pleura during the operation in question, are borne out by some recent investigations of Dr. Meadows.

Dr. Allison.—On consideration, we think it advisable not to continue the controversy. Had we decided differently, we should have been pleased to insert Dr. Allison's communication.

A Victim.—We are not acquainted with the virtues of the remedies.

Mr. J. B. (Rusholme) will find the information he requires in the Students' Number of THE LANCET.

Medicus.—If the *contract* can be proved, he can probably recover.

COMPULSORY VACCINATION.

To the Editor of THE LANCET.

SIR,—If every medical practitioner was, as he ought to be, a public vaccinator, the enclosed certificate would answer every purpose required by the Act, so that the various forms now issued, but very rarely used, would be reduced to one.

Yours, &c.,

June, 1862. W.

Compulsory Vaccination Act, 16 & 17 *Vict., cap.* 100.

Parent's name.	I, the undersigned, certify that the child of , aged months, residing at , is not in a fit state to be [*cannot be* or *has been*] successfully vaccinated.
Residence.	Signed ———
Date.	[Professional titles.]
	Dated this day of 18 .

F. L., (Vet.)—We do not know the nature of "M'Dougall's non-poisonous composition." If found an efficacious in some of the skin diseases of the lower animals, it is quite possible, of course, that a very dilute form of it might be employed with advantage in some of the more obstinate cutaneous maladies affecting man. But, under any circumstances, we would not advise the use of a compound of the ingredients of which we are entirely ignorant. A late number of the *Yorkshire Gazette* may be referred to for its veterinarian uses.

EMIGRANT SURGEONS.

To the Editor of THE LANCET.

SIR,—In answer to the inquiries of "S. G. S.," in your last impression, respecting a passage to Australia as surgeon, he will find that no one without a diploma can get an appointment; but if he will send his address or call on me, I shall be happy to give him further information.

I remain, Sir, yours, &c.,

JAS. GARDNER, late Emigrant Surgeon.

9, Crescent-place, Mornington-crescent, N.W., June, 1862.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Grally Hewitt; Mr. R. Marley; Dr. Lawrence Gill; Dr. Gillespie; Dr. Edwin Lee; Mr. W. C. Hugman; Mr. Weeden Cooke; Mr. Woolcott; Dr. Fowler; Mr. E. Sharp; Dr. James Arnott; Dr. Allen, Yealand; Mr. Chesterman, Banbury; Mr. F. Cattermole, Woolwich, (with enclosure;) Dr. H. S. Johnson, Stoke; Mr. Turner, Alfreton; Mr. Harris, Falmouth; Dr. M'Cormac; Mr. Denby, (with enclosure;) Mr. Jones, (with enclosure;) Mr. Paget; Mr. Wilkie, Dublin, (with enclosure;) Mr. Weston, Watford; Mr. Deane, Healey, (with enclosure;) Dr. Young; Mr. C. F. Lord; Mr. Horsley, Cheltenham; Mr. Dobson, Bowness; Mr. Smith, Egremont; Mr. Thomas, St. Clears; Mr. J. Coleman, Caberconlish; Dr. Byrne; Mr. Taylor, Macclesfield, (with enclosure;) Mr. W. R. Thomas, (with enclosure;) Mr. Clay, Ceylon; Mr. Stokoe, East Farleigh, (with enclosure;) Mr. Austin, Bootle; Dr. Rose, Kidderminster; Mr. Cottinghana, Minster, (with enclosure;) Mr. Broad, Rusholme; Mr. Jones, Tremadoc; Mr. Harding, Sutton; Dr. Norton, Wateringbury; Mr. Rackham, Norwich, (with enclosure;) Mr. Atwood; Mr. Loney, Macclesfield, (with enclosure;) Mr. Earle, (with enclosure;) Dr. A. Gardiner Brown, Woolwich; Mr. Bastick; Enquirer; A Provincial Practitioner; Obstetricus; A Victim; M.D.; An Operating Surgeon; W. A.; T. M.; A Constant Subscriber; W.; Crystal Palace Company; Royal College of Physicians; A Frequent Reader; J. A. L.; B. C. D.; H. G. D.; Spata; F.R.C.S.; H., (with enclosure;) E. B., (with enclosure;) Medicus; M. N. O., (with enclosure;) Dublonis; Alpha, (with enclosure;) Anti-Humbug; &c. &c.